## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Sep 03, 2002 8:00 am Secretary of State DOCUMENT # P01000024006 1. Entity Name 09-03-2002 90112 040 \*\*\*550.00 AGLB CORPORATION Principal Place of Business Mailing Address 9631 FOUNTAINBLEAU BLVD #308 9631 FOUNTAINBLEAU BLVD #308 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 4660 S.W. 7274 Are Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1105206 City & State Applied For F-LORIO A Mimui. Not Applicable Zip Country \$8.75 Additional 33155. 4516 Mimui-Drof 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ ADOLFO MALEK, FARHAD Street Address (P.O. Box Number is Not Acceptable). GL31 FOUNTAINE BLV4 # 308 2333 BRICKELL AVENUE MEZZANINE SUITE **MIAMI FL 33129** City Mi ami 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ADOLFO GOMEZ 8/29/02 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change ☐ Addition NAME BAQUERO, CARLOS NAME STREET ADDRESS CIUDADELA NUEVA KENNEDY 9 ESTE 120 Y CALLE STREET ADDRESS CITY-ST-ZIP **GUAYAQUIL ECUADOR** CITY-ST-ZIP TITLE ☐ Delete TITLE VŊ Change ☐ Addition BAQUERO, LAURA NAME NAME STREET ADDRESS 9631 FOUNTAINBLEAU BLVD #308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☑ Delete TITLE D TITLE ☐ Change ☐ Addition GOMEZ, ADOLFO 9631 FOUNTAINE BLUE ALVA # 308 NAME ZOHRER, JAIME NAME STREET ADDRESS 8145 N.W. 7TH ST., #110 STREET ADDRESS CITY-ST-ZIP MI mi PL. 33/12 MIAMI FL 33126 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED