

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90124 016 \*\*\*150.00

**DOCUMENT # P01000049039**

1. Entity Name  
**A & G TORRES ENTERPRISES, INC.**

Principal Place of Business

**9612 LAKE SERENA DRIVE  
BOCA RATON FL 33496**

Mailing Address

**9612 LAKE SERENA DRIVE  
BOCA RATON FL 33496**

2. Principal Place of Business

**3215 DAME BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT LAUDERDALE, FL.**

City & State

4. FEI Number

**65-1121837**

Applied For

Not Applicable

Zip

Country

**33312**

**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAPOTE, BEATRIZ M**

**1101 BRICKELL AVENUE 17TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**D**  
**ANGELO TORRES**  
**9612 LAKE SERENA DR**  
**BOCA RATON FL 33496**

TITLE ☐ Delete

**D**  
**GILL TORRES**  
**9612 LAKE SERENA DR**  
**BOCA RATON FL 33496**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/12/02**

Date

**(954) 445-0400**

Daytime Phone #

CR2E034 (9/01)