

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90379 046 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000103229			
1. Entity Name AGM, INC.			
Principal Place of Business 1000 CORAL RIDGE DR #202 CORAL SPRINGS, FL 33071		Mailing Address 1000 CORAL RIDGE DR #202 CORAL SPRINGS, FL 33071	
2. Principal Place of Business 3010 S. Federal Highway		3. Mailing Address 3010 S. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33435		Zip 33435	
Country USA		Country USA	
4. FEI Number 65-1159800		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LYON, JAMES B ESQ. 1981 UNIVERSITY DR STE 206 CORAL SPRINGS, FL 33071		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENFIELD, AMIR 1000 CORAL RIDGE DR #202 CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 403 VILLA CIRCLE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Amir Greenfield		4-11-03 561-733-0965	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

10079605



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)