

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90057 048 ***150.00

DOCUMENT # P01000108628

1. Entity Name
AG & AR, CORP.

Principal Place of Business
2450 SW 137TH AVENUE, SUITE 221
MIAMI FL 33175

Mailing Address
2450 SW 137TH AVENUE, SUITE 221
MIAMI FL 33175

2. Principal Place of Business
2450 SW 137th AVE.
 Suite, Apt. #, etc.
SUITE 234

3. Mailing Address
2450 SW 137th AVE.
 Suite, Apt. #, etc.
SUITE 234

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33175

Country
USA

4. FEI Number
01-0554745

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, PETER M P.A.
2450 SW 137TH AVENUE, SUITE 221
MIAMI FL 33175

7. Name and Address of New Registered Agent
 Name
PETER M. LOPEZ, PA.
 Street Address (P.O. Box Number is Not Acceptable)
2450 SW 137th AVE.
SUITE 234
 City
MIAMI, FL Zip Code
33175

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]* **3/20/02**
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AGOSTINI, AMERICO 2450 SW 137TH AVENUE, SUITE 221 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Americo D'Agostini 2450 SW 137 AVE Suite 234 MIAMI, FLORIDA 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, MARGARITA 2450 SW 137TH AVENUE, SUITE 221 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margarita Vasquez 2450 SW 137 AVE Suite 234 MIAMI, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLORZANO, ANA CAROLINA 2450 SW 137TH AVENUE, SUITE 221 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ana Carolina Solorzano 2450 SW 137 AVE Suite 234 MIAMI, FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLORZANO, ANA CAROLINA 2450 SW 137TH AVENUE, SUITE 221 MIAMI FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **3/20/02**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02/6366 AV

CR2E034 (9/01)