

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90310 033 ***150.00

068617 FP

DOCUMENT # P02000009502

1. Entity Name
A & G MULTIPLE SERVICES, INC.



Principal Place of Business
200-73 AVENUE NORTH
APT. 304
ST. PETERSBURG FL 33702

Mailing Address
200-73 AVENUE NORTH
APT. 304
ST. PETERSBURG FL 33702



2. Principal Place of Business

1515 Eden Isle Blvd NE

3. Mailing Address

1515 Eden Isle Blvd NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #38

APT #38

City & State

City & State

Saint Petersburg, FL

Saint Petersburg, FL

Zip

Country

Zip

Country

33704

U. S. A.

33704

U. S. A.

4. FEI Number

02-0542-585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTELLO, JOSE

200-73 AVENUE NORTH

APT. 304

ST. PETERSBURG FL 33702

Name BOTELLO JOSE

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

1515 Eden

Isle Blvd NE, Apt #38

City Saint Petersburg

FL

Zip Code

33704

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME MOTADUVAL, AGUSTIN
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE PD
NAME Quisano, Della
STREET ADDRESS 1515 Eden Isle Blvd NE, Apt #38
CITY-ST-ZIP ST. Petersburg, FL, 33704

TITLE VD
NAME LOPEZ, GIBERTO Q
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MOTADUVAL, AGUSTIN
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE SD
NAME Maria Lessia Lopez
STREET ADDRESS 1515 Eden Isle Blvd NE, Apt #38
CITY-ST-ZIP ST. Petersburg, FL, 33704

TITLE TD
NAME CALERO, YULIANA
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME QUIJANI, ELIANA M
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MANON, JULIO
STREET ADDRESS 200-73 AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE D
NAME Quisano, Jairo Humberto
STREET ADDRESS 1515 Eden Isle Blvd NE, Apt #38
CITY-ST-ZIP ST. Petersburg, FL, 33704

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

813-2679757

Daytime Phone #

CR2E034 (10/02)