

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90131 023 \*\*\*150.00

**DOCUMENT # P02000074565**

**1. Entity Name**  
**AGNIS ENTERPRISES, INC.**



**Principal Place of Business**  
**130291/2 SW 112 STREET**  
**MIAMI FL 33186**

**Mailing Address**  
**130291/2 SW 112 STREET**  
**MIAMI FL 33186**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

☒ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRAHAM, JOY**  
**11251 SW 156 PLACE**  
**MIAMI FL 33196**

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**

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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, JOY	
STREET ADDRESS	11251 SW 156 STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	P D	<input type="checkbox"/> Delete
NAME	BASIL S. GRAHAM	
STREET ADDRESS	11251 S.W. 156 PL. Miami FL 33196	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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

**BASIL S. GRAHAM**

**4/21/03**

Daytime Phone #

CR2E034 (10/02)