

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90217 016 \*\*\*150.00

**DOCUMENT # P92000012591**

1. Entity Name  
**AF AGENCIES, INC.**



Principal Place of Business  
**224 NW 6TH AVE  
HALLANDALE FL 33009  
US**

Mailing Address  
**224 NW 6TH AVE  
HALLANDALE FL 33009  
US**

2. Principal Place of Business  
**200 NW 6TH AVE**

3. Mailing Address  
**200 NW 6TH AVE**

Suite, Apt. #, etc.  
**HALLANDALE, FL**

Suite, Apt. #, etc.

City & State  
**HALLANDALE FL**

City & State  
**HALLANDALE FL**

Zip  
**33009**

Country

Zip  
**33009**

Country

4. FEI Number **65-0377569**

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**

**KIPERWAS, JOSUE  
20441 NE 30 AVE  
N MIAMI BEACH FL 33180**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIPERWAS, JOSUE</b>	
STREET ADDRESS	<b>20441 NE 30 AVE</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>UDLER, JUANA Z</b>	
STREET ADDRESS	<b>20441 NE 30 AVE</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIPERWAS, JUANA Z</b>	
STREET ADDRESS	<b>20441 NE 30 AVE</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03 944-4560907**  
Date Daytime Phone #

CR2E034 (10/02)