

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012084

1. Entity Name

A & G LEASING CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90105 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1005 GULF BLVD., STE. 401  
INDIAN ROCKS BEACH FL 34635

1005 GULF BLVD., STE. 401  
INDIAN ROCKS BEACH FL 33777-1425

2. Principal Place of Business

1310, Gulf Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

10-D

Suite, Apt. #, etc.

as No: 2

City & State

Clearwater, FL

City & State

Zip

33767

Country

Pinellas

Zip

Country

4. FEI Number

59-3169931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHIN, ALI H  
1005 GULF BLVD.  
SUITE 401  
INDIAN ROCKS BEACH FL 34689

Name

KHIN ALI H

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

1310, Gulf Blvd, Suite 10-D

City

Clearwater

FL

Zip Code

33767

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, 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, 2000 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	P	<input type="checkbox"/> Delete
NAME	KHIN, ALI H	
STREET ADDRESS	1005 GULF BLVD. #401	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SINGH, GURUBUX	
STREET ADDRESS	1628 TREASURE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SINGH, JACK	
STREET ADDRESS	1628 TREASURE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MARK KERUTT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2994, CIELO CIRCLE	
STREET ADDRESS	CLEARWATER, FL 33759	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Ali H. Khin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/14/2000

(727) 595-5991

Date

Daytime Phone #

CR2E034 (9/99)