

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000034184

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DOCUMENT # P93000034184

1. Entity Name
A.A.G. TECHNOLOGIES, INC.



FILED

03 JUN 17 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19441 N.E. 19TH COURT
NORTH MIAMI BEACH FL 33179

Mailing Address
19441 N.E. 19TH COURT
NORTH MIAMI BEACH FL 33179

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 65-0410497

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

~~TOBY, SHEILA~~
14697 NE 18AVE
STE - 101
NORTH MIAMI FL 33181

Name MARIO GUZMAN

Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD.

SUITE 1504

City MIAMI

FL

Zip Code 33156

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

MARIO GUZMAN

(NOTE: Registered Agent signature required when reinstating)

4-28-03

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 D
NAME GUTMAN, ALEJANDRO A ☐ Delete
STREET ADDRESS 19441 N.E. 19 CT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition
NAME 400021263404
STREET ADDRESS 07/02/03--01030--002 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
MARIO GUZMAN

4/14/03

305-692-8803

Date

Daytime Phone #

CP2E034 (10/02)