

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0194813 AV

DOCUMENT # P93000055499

1. Entity Name  
AGS EQUITIES, INC.FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 SEP 24 PM 12:22Principal Place of Business  
4630 UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS FL 33067  
USMailing Address  
4630 UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS FL 33067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 65-0438517

Applied For  
Not Applicable5. 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

FOGEL, ALLAN  
4630 N UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS FL 33067

Name

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

City

700023313157

03/24/03 01079 011 \*\*150.00  
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 State9. 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 P ☐ Delete  
NAME FOGEL, ALLAN  
STREET ADDRESS 4630 N UNIVERSITY DRIVE, SUITE 204  
CITY-ST-ZIP CORAL SPRINGS FL 33067TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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

4/3/03

Date

(954) 752-4656  
Daytime Phone #

CR2E034 (10/02)