

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90021 039 ***150.00

DOCUMENT # P93000071282

1. Entity Name

AGS REAL ESTATE HOLDINGS, INC.

628362



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**16445 COLLINS AVE
 UNIT 721
 MIAMI BEACH FL**

**6075 SUNSET DRIVE
 SUITE 201
 S. MIAMI FL 33143-5000
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 165539

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0445236

Applied For

Not Applicable

Zip

Country

Zip

Country

33116-5539

USA

5. 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

**GROSSMAN, JEROME
 6075 SUNSET DRIVE
 SUITE 201
 S. MIAMI FL 33143**

Name

GROSSMAN, JEROME

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

2 N.E. 40 STREET (#402)

City

MIAMI

FL

Zip Code

33137

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

JEROME GROSSMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered Agent signature required when reinstating)

DATE

3/17/2000

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	D	<input type="checkbox"/> Delete
NAME	DA SILVA, SALUSTIANO C	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DA SILVA, ELIDIA H	
STREET ADDRESS	16445 COLLINS AVE UNIT 721	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSSMAN, JEROME	
STREET ADDRESS	6075 SUNSET DRIVE, SUITE 201	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, JEROME	
STREET ADDRESS	2 N.E. 40 STREET (#402)	
CITY-ST-ZIP	MIAMI, FL 33137	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME GROSSMAN

Date

3/17/2000

Daytime Phone #

(305) 571-8300