

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90011 020 ***150.00

DOCUMENT # P93000071282

1. Entity Name
AGS REAL ESTATE HOLDINGS, INC.

Principal Place of Business Mailing Address
16445 COLLINS AVE P.O. BOX 165539
UNIT 721 MIAMI FL 33116-5539
MIAMI BEACH FL US

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 **65-0445236** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

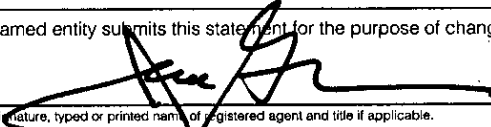
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSSMAN, JEROME
2 NE 40 STREE #402
MIAMI FL 33137

Name **GROSSMAN, JEROME**
 Street Address (P.O. Box Number is Not Acceptable)
2780 S.W. 37 AVE. (SUITE 205)
 City **MIAMI** FL Zip Code **33133**

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  DATE **01/16/01**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	DA SILVA, SALUSTIANO C		
16445 COLLINS AVE UNIT 721	MIAMI BEACH FL		
D	DA SILVA, ELIDIA H		
16445 COLLINS AVE UNIT 721	MIAMI BEACH FL		
S	GROSSMAN, JEROME	S	GROSSMAN, JEROME
2 NE 40 STREET #402	MIAMI FL 33137	2780 S.W. 37 AVE. (SUITE 205)	MIAMI, FL 33133

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 or without other like empowered.

SIGNATURE:  SECRETARY DATE **01/16/01** (305) 662-6772

CR2E034 (10/00)