## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

P.O. BOX 165539

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

MIAMI FL 33116-5539

## P93000071282 **DOCUMENT #**

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

2. Principal Place of Business

GROSSMAN, JEROME

**MIAMI FL 33133** 

SIGNATURE:

2780 SW 37 AVENUE SUITE 205

Suite, Apt. #, etc.

City & State

Zip

16445 COLLINS AVE

MIAMI BEACH FL

**UNIT 721** 

AGS REAL ESTATE HOLDINGS, INC.



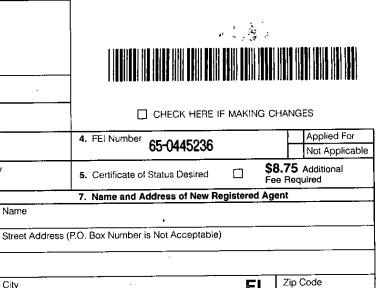
Country

Name

City

## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90152 034 \*\*\*150.00



	named entity submits this statement for the purpoons of registered agent.	se of changing its re	egistered office or r	registered agent, o	or both, in the State of Flo	rida. I am familia	r with, a	nd accept
SIGNATURE _	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE: f	Registered Agent signatur	re required when reinstati	ng)	DATÉ		<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added		Added	May Be to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITI	ONS/CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS	D Da Silva, Salustiano C 16445 Collins ave Unit 721 Miami Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
TITLE NAME	D Da Silva, Elidia H 16445 Collins ave Unit 721 Miami Beach Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	Addition
	S GROSSMAN, JEROME 2780 SW 37 AVENUE SUITE 205 MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. , .	c	hange	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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 true ee 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 audress, with all other like empowered.								