

2002 UNIFORM BUSINESS REPORT (UBR)

07-01-2002 90341 001 *****17.50
07-01-2002 90341 002 *****61.25

DOCUMENT # P94000004068

1. Entity Name

A.G.R. PUBLISHING, INC

02 JUL -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00002

Principal Place of Business Mailing Address
4265 EAST 8TH AVE. 4265 EAST 8TH AVE
HIALEAH, FL. 33013 HIALEAH, FL. 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650461363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ALEIDA
4265 EAST 8TH AVE
HIALEAH, FL. 33013

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PSSD
NAME MILIAN, OLAYA
STREET ADDRESS 4265 EAST 8TH AVE
CITY-ST-ZIP HIALEAH, FL. 33013

☒ Delete

TITLE VDPS
NAME RODRIGUEZ, ALEIDA
STREET ADDRESS 4265 EAST 8TH AVE
CITY-ST-ZIP HIALEAH, FL. 33013

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

ALEIDA RODRIGUEZ 06/06/02 305 558 5500

CR2E034 (9/99)