

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000018026

1. Entity Name

A.G.UNICORP, INC / DBA AEROMASTERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5406 NW 72 AVE

3. Mailing Address

5406 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLCity & State
MIAMI, FL

4. FEI Number

65-0485952

Applied For

Not Applicable

Zip
33166Country
USAZip
33166Country
USA5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LEVI RAIMUNDO CPA, LOPEZ LEVI & ASSOCIATES

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

224 CATALONIE AVE

City CORAL GABLES

FL

Zip Code
33134**DO NOT WRITE
IN THIS SPACE**

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 renting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPVST
ANDRES GUARIGUATA
7392 NW 112 CT, MIAMI, FL 33178TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP800022289818
08/13/03--01064--003 **158.75TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
ANDRES GUARIGUATA
7392 NW 112 CT, MIAMI, FL 33178TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUARIGUATA

08/06/03

305 883 5090

Date

Daytime Phone #

CR2E034B (12/02)