

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90075 005 ***150.00

DOCUMENT # P94000072016

1. Entity Name

AGLO GROUP, INC.

Principal Place of Business

Mailing Address

**3445 NW 7TH ST
 MIAMI BE 33105**

**C/O 1121 ANDORA AVE
 CORAL GABLES FL 33146-214
 US**

**1121 ANDORA AVE
 CORAL GABLES, FL 33146-3214**

2. Principal Place of Business

3. Mailing Address

1121 ANDORA AVE

Suite, Apt. #, etc.

CORAL GABLES, FL

City & State

33146-3214

USA

6. Name and Address of Current Registered Agent

**RINALDI, CLAUDIA
 10099 SW 77TH CT
 MIAMI FL 33156**

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, 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

TITLE **DT** ☐ Delete
 NAME **VAZQUEZ, GEORGE A**
 STREET ADDRESS **1121 ANDORA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146-3214**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **RINALDI, CLAUDIA**
 STREET ADDRESS **10099 SW 77TH CT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **VAZQUEZ, OLGA V**
 STREET ADDRESS **1121 ANDORA AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

George A. Vazquez - D. TACAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
 Date

(305) 665-6890
 Daytime Phone #

CR2E034 (10/00)