

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050185

1. Entity Name

FREEDOM AGJ, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 050 ***150.00

659601

Principal Place of Business

Mailing Address

~~801 BRICKELL AVE~~
~~9TH FLOOR~~
~~MIAMI FL 33131~~
~~US~~

~~801 BRICKELL AVE~~
~~9TH FLOOR~~
~~MIAMI FL 33131-2945~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1717 N. Bayshore Drive

12864 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1452

SUITE 325

City & State

City & State

MIAMI, FL

NORTH MIAMI, FL

Zip

Country

Zip

Country

33132

US

33181

US

4. FEI Number

65-0594776

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

SORTER, ALAN W
12864 BISCAYNE BLVD, STE 325
NORTH MIAMI FL 33181

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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	PD			<input type="checkbox"/>	<input type="checkbox"/>
	SORTER, ALAN W	12864 BISCAYNE BLVD, STE 325	N MIAMI FL 33181		
	VSD			<input type="checkbox"/>	<input type="checkbox"/>
	HUSKISSON, GREGORY J	353 KEELSON DRIVE	DETROIT MI		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Alan W. Sorter ALAN W. SORTER 4/27/01 (305) 373-5856