

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90138 002 ***150.00

0123129

DOCUMENT # P95000060236

1. Entity Name
AG MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~561 SOUTHEAST 10TH AVENUE~~ ~~561 SOUTHEAST 18TH AVENUE~~
~~POMPANO BEACH FL 33060~~ ~~POMPANO BEACH FL 33060~~

2. Principal Place of Business 3. Mailing Address
370 SW 16ST **370 SW 16ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON FL.** City & State **BOCA RATON FL.** 4. FEI Number **65-0601846** Applied For
 Zip **33432** Country **USA** Zip **33432** Country **USA** 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
GANDON, FERNANDO Name **FERNANDO GANDON**
~~561 SOUTHEAST 10TH AVENUE~~ Street Address (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33060 **370 SW 16 ST.**
 City **BOCA RATON** FL **33432**

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 **FERNANDO GANDON PRES.** DATE **3/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDON, FERNANDO		NAME	FERNANDO GANDON	
STREET ADDRESS	561 SOUTHEAST 10TH AVENUE		STREET ADDRESS	370 SW 16ST	
CITY - ST - ZIP	POMPANO BEACH FL 33060		CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: **FERNANDO GANDON PRES** 03/19/01 (954) 240-2899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)