

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069925

1. Entity Name

AGM GROUP, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90079 048 \*\*\*158.75

Principal Place of Business

Mailing Address

10691 NORTH KENDALL DRIVE SUITE #310  
MIAMI FL 33176

10691 NORTH KENDALL DRIVE SUITE #310  
MIAMI FL 33176-1551

2. Principal Place of Business

3. Mailing Address

8500 S.W. 8 Street

8500 S.W. 8 Street

Suite, Apt. #, etc.

Suite 238

City & State  
Miami, Florida

Zip  
33144

Country  
Miami-Dade

Suite, Apt. #, etc.

Suite 238

City & State  
Miami, Florida

Zip  
33144

Country  
Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0607499

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACHADO, JOSE L III  
10691 N. KENDALL DRIVE  
SUITE 310  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Jose L. Machado III

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

8500 S.W. 8 Street, Suite 238

City  
Miami

FL

Zip Code  
33144

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

2/5/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN	
STREET ADDRESS	10691 N KENDALL DRIVE SUITE 310	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GARCIA, ESTEBAN	
STREET ADDRESS	10691 N KENDALL DRIVE SUITE 310	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACHADO, JOSE L	
STREET ADDRESS	10691 N KENDALL DRIVE SUITE 310	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00 305-889-2100

Date

Daytime Phone #

CR2E034 (9/99)