

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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91839 024 ***150.00

DOCUMENT # **P96000075963**

1. Entity Name

AG & M Enterprises Corp.

DO NOT WRITE IN THIS SPACE

70051011

2. Principal Place of Business

2760 Palm Ave.

Suite, Apt. #, etc.

Ste #102

City & State

Hialeah, Florida.

Zip

33010

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. FEI Number

65-0851763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Martha Alvarez

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

590 East 52 St

City

Hialeah

FL

Zip Code

33013

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Carlos Gonzalez
590 E 52 St
Hialeah, Fl. 33013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Martha Alvarez
590 E 52 St
Hialeah, Fl. 33013**

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IN THIS SPACE**

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

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)