

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 047 ***158.75

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DOCUMENT # P96000102534

1. Entity Name
AGEWSN REAL, INC.



Principal Place of Business
**1570 TOWN CENTER DRIVE
WESTON FL 33326**

Mailing Address
**1570 TOWN CENTER DRIVE
WESTON FL 33326**

2. Principal Place of Business

2585 Glades Circle

Suite, Apt. #, etc.

3. Mailing Address

2585 Glades Circle

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number

65-0737409

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE
SUITE 201
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GOLDMAN, RENEE K**
STREET ADDRESS **3500 GATEWAY DR, STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VD** ☐ Delete
NAME **GOLDMAN, RICHARD M**
STREET ADDRESS **3500 GATEWAY DR, STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VSTD** ☐ Delete
NAME **FINEBERG, LIBO B**
STREET ADDRESS **3500 GATEWAY DR, STE 201**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Renee K Goldman* **Renee K Goldman** 4-3-03 954-384-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)