

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000000314

FILED  
May 09, 2002 8:00 AM  
Secretary of State

Entity Name: ACQUISITION GROUP MANAGEMENT, INC.

## Current Principal Place of Business:

400 S. POINTE DRIVE  
SUITE 510  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

400 S. DIXIE HWY  
SUITE #6  
HALLANDALE, FL 33009

## Current Mailing Address:

400 S. POINTE DRIVE  
SUITE 510  
MIAMI BEACH, FL 33139

## New Mailing Address:

400 S. DIXIE HWY  
SUITE #6  
HALLANDALE, FL 33009

FEI Number: 65-0805366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENJAMIN, EMANUEL  
400 S. POINTE DR., #510  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

CAPITAL GROUP, LLC  
400 S. DIXIE HWY  
HALLANDALE, FL 33009 US

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: EMANUEL BENJAMIN

05/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BENJAMIN, EMANUEL  
Address: 400 S. POINTE DRIVE, SUITE 510  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: BENJAMIN, EMANUEL  
Address: 400 S. DIXIE HWY  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMANUEL BENJAMIN

PSTD

05/09/2002

Electronic Signature of Signing Officer or Director

Date