

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 12180 (R)

1. Entity Name

Aggressive Management Group, INC.

FILED

00 JUL 10 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1503 HAYES ST.
HOLLYWOOD, FLORIDA

Mailing Address

1503 HAYES ST.
HOLLYWOOD, FLORIDA
33020

2. Principal Place of Business

1503 HAYES ST.
Suite, Apt. #, etc.

3. Mailing Address

1503 HAYES ST.
Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip 33020

Country

BROWARD

City & State

Hollywood, FL.

Zip 33020

Country

BROWARD

6. Name and Address of Current Registered Agent

MICHAEL GROSSMAN
1503 HAYES STREET
HOLLYWOOD, FLORIDA
33020

DO NOT WRITE IN THIS SPACE

4. FEI Number
615100 90005049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Michael Grossman

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

1503 HAYES STREET

Hollywood, Florida

City

FL

Zip Code

33020

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 Michael Grossman

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

(NOTE: Registered Agent signature required when reinstating)

May 1, 2000

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MICHAEL GROSSMAN</u> <u>1503 HAYES STREET</u> <u>HOLLYWOOD, FL 33020</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Michael Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

DATE

954-922-0431

Daytime Phone #

CR2E034 (9/99)