

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000012186** ✓

1. Entity Name

Aggressive Management Group, Inc**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90135 037 ***150.00

A0047104

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.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number
650811731

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Michael Grossman
1503 Hayes St.
Hollywood, Florida 33020

7. Name and Address of New Registered Agent
Name **Michael Grossman**
Street Address (P.O. Box Number is Not Acceptable)
1503 Hayes St.
City **Hollywood, Florida** **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** **MAY 1, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | <input type="checkbox"/> Delete |
|-------|---------------------------------|----------------|-------------|---------------------------------|
| | President | | | |
| | Michael Grossman | | | |
| | 1503 Hayes St. | | | |
| | Hollywood, Florida 33020 | | | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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** **MAY 1, 2001** **3056150547**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)