

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019834

1. Entity Name
A & G FOOD SYSTEMS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90041 032 ***150.00

Principal Place of Business

Mailing Address

~~5490 S. OBT~~
~~ORLANDO FL 32839~~

~~9122 GRIFFIN ROAD~~
~~COOPER CITY FL 33328~~

2. Principal Place of Business

5490 S. OBT

3. Mailing Address

10,000 West Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

382



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
Ocoee, FL

4. FEI Number 51-2103767

Applied For

Not Applicable

Zip
32839

Country

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GROSSMAN, DANIEL~~
~~9122 GRIFFIN ROAD~~
~~COOPER CITY FL 33328~~

Name Louis Martner
Street Address (P.O. Box Number is Not Acceptable)
1640 LEE Road
City Water Park FL 32789

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 *X Louis Martner, CPA*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME GROSSMAN, DANIEL
STREET ADDRESS 9122 GRIFFIN ROAD
CITY-ST-ZIP COOPER CITY FL 33328

TITLE DP ☐ Change ☒ Addition
NAME FRANCISCO GARCIA
STREET ADDRESS 10,000 WEST COLONIAL DR., STE 382
CITY-ST-ZIP Ocoee, FL 34761

TITLE D ☒ Delete
NAME ALAMI, SIAMACK
STREET ADDRESS 9122 GRIFFIN ROAD
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☐ Change ☒ Addition
NAME ~~Francisco Garcia~~
STREET ADDRESS ~~10,000 West Colonial Dr., Ste 382~~
CITY-ST-ZIP ~~Ocoee, FL 34761~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/Secretary ☐ Change ☒ Addition
NAME Luis A. Garcia
STREET ADDRESS 5490 S. OBT
CITY-ST-ZIP Orlando FL 32839

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 *X*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

(407)2986179

Daytime Phone #

CR2E034 (10/00)