

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90169 002 ***150.00

DOCUMENT # P98000045101

1. Entity Name
ARGOV INTERNATIONAL COMPANIES, INC.



Principal Place of Business
**1100 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442**

Mailing Address
**1100 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
160 SW 12th Ave.

3. Mailing Address
160 SW 12th Ave.

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH - FL

City & State
DEERFIELD BEACH - FL

4. FEI Number
65-0839134

Applied For
☐ Not Applicable

Zip
33442

Country
U.S.A.

Zip
33442

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**ARGOV, YAIR
1100 S. POWERLINE ROAD
DEERFIELD BEACH FL 33442**

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
D ☐ Delete
NAME
ARGOV, YAIR
STREET ADDRESS
1100 S. POWERLINE ROAD
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE
S ☒ Delete
NAME
SHANE, MARSHA
STREET ADDRESS
1100 S. POWERLINE ROAD
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE
D ☐ Delete
NAME
ARBOR, RAMI
STREET ADDRESS
1100 S. POWERLINE ROAD
CITY-ST-ZIP
DEERFIELD BEACH FL 33442

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

954-725-6480

Daytime Phone #

CR2E034 (10/02)