2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090996

1. Entity Name

AGNES FAMILY INVESTMENTS, INC.

5/18/01-91218-017-$150.00-$150.00

Principal Place of Business	Mailing Address
8340 NE 2nd Ave, #235 Miami, FL 33138	8340 NE 2nd Ave, #235 Miami, FL 33138

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8340 NE 2nd Ave #235		8340 NE 2nd Ave, #235	
Suite, Apt. #, etc. Suite #235		Suite, Apt. #, etc. Suite #235	
City & State Miami, FL		City & State Miami, FL	
Zip 33138	Country USA	Zip 33138	Country USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Marc Stephen
8340 NE 2nd Ave, Suite #235
Miami, FL 33138

7. Name and Address of New Registered Agent

Name: Marc Stephen

Street Address (P.O. Box Number is Not Acceptable): 8340 NE 2nd Ave, Suite #235

City: Miami FL Zip Code: 33138

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 ________ 6/11/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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	President Marc Stephen 8340 NE 2hd Ave, #235 ~~Miami, FL 33138~~	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Marc Stephen 8340 NE 2nd Ave, #235 Miami, FL 33138	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: ________ 6/11/01 (305) 769-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAYNE JUL 3 - 2001