

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90108 044 ***150.00

906703



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000101782

1. Entity Name

AGS PROPERTIES CORPORATION

Principal Place of Business

2 N.E. 40 STREET
4TH FLOOR
MIAMI FL 33137
US

Mailing Address

C/O SQUARE ONE ASSOCIATES, INC.
P.O. BOX 165539
MIAMI FL 33116-5539
US

2. Principal Place of Business

2780 S.W. 37 Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

MIAMI, FL.

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

65-0879699

Applied For

Not Applicable

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, JEROME
2 N.E. 40 STREET
4TH FLOOR
MIAMI FL 33137

Name

GROSSMAN, JEROME

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

2780 S.W. 37 Ave. (Suite 205)

City

MIAMI

FL

Zip Code

33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/01

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|----------------|--------------------------------|--|----------------|--------------------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete | TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALUSTIANO COSTA LIMA DA SILVA | | NAME | SALUSTIANO COSTA LIMA DA SILVA | |
| STREET ADDRESS | 2 N.E. 40 STREET, 4TH FLOOR | | STREET ADDRESS | 2780 S.W. 37 Ave. (Suite 205) | |
| CITY-ST-ZIP | MIAMI FL 33137 | | CITY-ST-ZIP | MIAMI, FL. 33133 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIDIA HERTZOG DA SILVA | | NAME | ELIDIA HERTZOG DA SILVA | |
| STREET ADDRESS | 2 N.E. 40 STREET, 4TH FLOOR | | STREET ADDRESS | 2780 S.W. 37 Ave. (Suite 205) | |
| CITY-ST-ZIP | MIAMI FL 33137 | | CITY-ST-ZIP | MIAMI, FL. 33133 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALZIRA DENISE HERTZOG DA SILVA | | NAME | | |
| STREET ADDRESS | 2 N.E. 40 STREET, 4TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33137 | | CITY-ST-ZIP | | |
| TITLE | VPS | <input type="checkbox"/> Delete | TITLE | VPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROSSMAN, JEROME | | NAME | GROSSMAN, JEROME | |
| STREET ADDRESS | 2 N.E. 40 STREET, 4TH FLOOR | | STREET ADDRESS | 2780 S.W. 37 Ave (Suite 205) | |
| CITY-ST-ZIP | MIAMI FL 33137 | | CITY-ST-ZIP | MIAMI, FL. 33133 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

01/16/01

Daytime Phone #

(305) 662-6772

CR2E034 (10/00)