

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90108 044 \*\*\*150.00

**DOCUMENT # P98000101782**

1. Entity Name  
**AGS PROPERTIES CORPORATION**

**906703**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2 N.E. 40 STREET          4TH FLOOR          MIAMI FL 33137          US</b>	Mailing Address <b>C/O SQUARE ONE ASSOCIATES, INC.          P.O. BOX 165539          MIAMI FL 33116-5539          US</b>
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2. Principal Place of Business <b>2780 S.W. 37 Ave.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>205</b>	Suite, Apt. #, etc.

City & State <b>MIAMI, FL.</b>	City & State
Zip <b>33133</b>	Country <b>USA</b>

4. FEI Number <b>65-0879699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GROSSMAN, JEROME  
 2 N.E. 40 STREET  
 4TH FLOOR  
 MIAMI FL 33137**

7. Name and Address of New Registered Agent  
 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 DATE **01/16/01**  
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	<b>PT SALUSTIANO COSTA LIMA DA SILVA 2 N.E. 40 STREET, 4TH FLOOR MIAMI FL 33137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELIDIA HERTZOG DA SILVA 2 N.E. 40 STREET, 4TH FLOOR MIAMI FL 33137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALZIRA DENISE HERTZOG DA SILVA 2 N.E. 40 STREET, 4TH FLOOR MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS GROSSMAN, JEROME 2 N.E. 40 STREET, 4TH FLOOR MIAMI FL 33137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT SALUSTIANO COSTA LIMA DA SILVA 2780 S.W. 37 Ave. (SUITE 205) MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELIDIA HERTZOG DA SILVA 2780 S.W. 37 Ave. (SUITE 205) MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS GROSSMAN, JEROME 2780 S.W. 37 Ave (SUITE 205) MIAMI, FL. 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **V.P.** DATE: **01/16/01** DAYTIME PHONE #: **(305) 662-6772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)