

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90103 014 \*\*\*150.00

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 AY

**DOCUMENT # P98000101782**

1. Entity Name  
**AGS PROPERTIES CORPORATION**

Principal Place of Business <b>2780 SW 37 AV          205          MIAMI FL 33133          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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

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

**6. Name and Address of Current Registered Agent**

**GROSSMAN, JEROME**  
**2780 SW 37 AV SUITE 205**  
**MIAMI FL 33133**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2002 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</b> <b>SALUSTIANO COSTA LIMA DA SILVA</b> <b>2780 SW 37 AV SUITE 205</b> <b>MIAMI FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ELIDIA HERTZOG DA SILVA</b> <b>2780 SW 37 AV SUITE 205</b> <b>MIAMI FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALZIRA DENISE HERTZOG DA SILVA</b> <b>2 N.E. 40 STREET, 4TH FLOOR</b> <b>MIAMI FL 33137</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>GROSSMAN, JEROME</b> <b>2780 SW 37 AV SUITE 205</b> <b>MIAMI FL 33133</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JEROME GROSSMAN** *02/19/02 (305) 662-6777*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)