

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000007362**1. Entity Name
AGB INVESTMENTS, INC.

Principal Place of Business

7846 CORAL WAY
SUITE 413
MIAMI
33155

FL

Mailing Address

7846 CORAL WAY
SUITE 413
MIAMI
33155

FL

2. Principal Place of Business

7846 CORAL WAY

3. Mailing Address

7846 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0891426

Applied For

Not Applicable

Zip
33155

Country

Zip
33155

Country

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

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	SD	<input type="checkbox"/> Delete
NAME	CENTENO ANA M	
STREET ADDRESS	7846 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BACHAN ANTHONY G	
STREET ADDRESS	7846 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTOS SHEILA E	
STREET ADDRESS	7846 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHAN ANTHONY G	
STREET ADDRESS	7846 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Anthony Bachan

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)