

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039801

1. Entity Name

AG COMMERCIAL PROPERTIES, INC.

Principal Place of Business

PO BOX 1601
POMPANO BEACH FL 33061

Mailing Address

PO BOX 1601
POMPANO BEACH FL 33061

2. Principal Place of Business

370 SW 16 ST.

3. Mailing Address

370 SW 16ST

Suite, Apt. #, etc.

N/A

4. Suite, Apt. #, etc.

N/A

City & State

Boca Raton FL.

City & State

Boca Raton FL.

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0919589

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANDON, FERNANDO

561 SW 18 AVE

POMPANO BEACH FL 33060

Name

FERNANDO GANDON

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

370 SW 16ST

City

Boca Raton

FL 33432

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

FERNANDO GANDON PRESIDENT

3/19/01

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, 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 PD
NAME GANDON, FERNANDO
STREET ADDRESS 312 SE 17TH ST, 2ND FL
CITY-ST-ZIP FT LAUDERDALE FL 33316

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME FERNANDO GANDON
STREET ADDRESS 370 SW 16 ST
CITY-ST-ZIP BOCA RATON FL 33432

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

FERNANDO GANDON PRES

3/19/01 954 240 2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #