

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90064 006 ***150.00

DOCUMENT # P99000039801

1. Entity Name

AG COMMERCIAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~PO BOX 1601~~
~~POMPANO BEACH FL 33061~~

~~PO BOX 1601~~
~~POMPANO BEACH FL 33061~~

2. Principal Place of Business

3. Mailing Address

370 SW 16 ST.

370 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOCA RATON FL.

BOCA RATON FL.

33432 USA

33432 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

7. Name and Address of New 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 16 ST.

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

☒ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0492416