2000 Uniform Business Report (UBR)								
DOGUMENT # P99000081947					STATED FILED			
AGAPE	REMODELING, INC.		朝	FILED SECRETARY OF S VISION OF CORPOR	TATE PATINUS			
Principal Place of Business Mailing Address 4120 NW 88th Avenue, Suite 202 SAME Coral Springs, FL 33065					00 DEC 15 PM 1: 05			
Principal Place of Business 3. Mailing Address			. <u></u>					
Suite, Apt. #, etc. Suite, Apt. # etc.					DO NOT WRITE	E IN THIS SPACE		
City & State City & State					pplied For lot Applicable			
Zip	Country Zip				\$8.75 Ad Fee Require			
	6. Name and Address of Current I	Registered Agent		7. Na	me and Address of New Re	gistered Agent		
RABENSEIFNER, HANNA 905 Brickell Bay Dr #1831 Miami, FL 33131 Name KLEBER J. SANTOS Sue-LAddress (P.O. Box Number is Not Acceptable) 4120 NW 88th Avenue Ste.#202								
	1111	; /	City	L SPRII	NGS	FL 3306	de 5.5	
8. The above named of 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 syd title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
						00 May Be		
11.	OFFICERS AND		12.	ADD	ITIONS/CHANGES TO OFFI	CERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Santos, Kleber J. 4120 NW 88th Aver Coral Springs, FI	ue, Suite 202	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	noilibby	
NAME STREET ADDRESS CITY-ST-ZIP	DVS De Moura, Fabio (4120 NW 88th Aver Coral Springs, FI	ue, Suite 202	NAME STREET ADDRESS CITY-ST-ZIP		500003: -01/03	Change 522035 /0101054	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	NAME STREET ADDRESS	4 1 2 U NW	MONICA D. 88TH AVENUE PRINGS, FL 3	STE. #20	XX Addition	
TITLE NAME STREET ADDRESS CITY - ST ZIP		☐ Delete	HITLE NAME STREET ADDRESS (UITY-ST-ZIP	1	1 ,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	THEE NAME STREET ADDRESS UITY -ST-ZIP	4	11/20	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 01 11 19	☐ 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 by the see empoyeded 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 my address, with all other like empowered. SIGNATURE: SIGNATURE Day 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5								

Daytime Phone #



Coral Springs - Florida, November 1st, 2000

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

AGAPE REMODELING INC. Doc. # P99000081947

When I looked up this Incorporation on the Internet I noticed that the Uniform Business Report was not filed for this year. I would like to inform that I never received the form by mail, and as my first year dealing with a corporation, I did not know that I must renew paying a fee and filing the form.

Since this wasn't my fault, I would like to ask you to please wave the Reinstatement Fee, as I am sending you the total amount of US\$ 150.00, which includes this years' fee plus the completed Form. I would like to ask you to please consider this, and file this UBR Form as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

AGAPE REMODELING, INC. KLEBER J. N. SANTOS President 4120 NW 88TH AVENUE # 202 Coral Springs, FL 33065 Phone: (954) 346-4676

्री हैं द्वासीने के प्रदेश कर समार्थ कर के विकास करता है के कर कर किया के किया है है है कि स्वार्थ कर कर है है जो के समय के स्वार्थ के किया किया किया के किया किया है जो किया है है है कि समय किया है किया किया किया किया किय kaart uhab durred omark yandre of too alleber too too en ho oo tookin oo

Summy for the first of a square to the light of the first of the square of the square