

2001 UNIFORM BUSINESS REPORT (UBR)

4/13/01

FILED

May 05, 2001 8:00 am
Secretary of State

04-13-2001 90057 024 ***150.00

DOCUMENT # P99000099185
1. Entity Name
AGK Distribution Company, Inc.

Principal Place of Business
2815 Evans Street
Hollywood, FL 33020

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
City & State
Zip Country

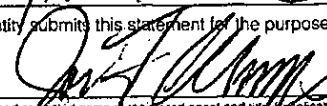
4. FEI Number
65-0966911
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Joel E. Greenberg
1242 N. University Drive
Plantation, Florida 33322

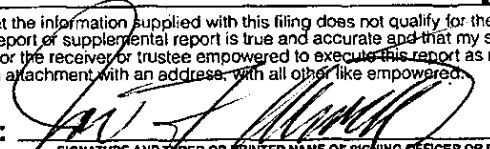
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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	<input type="checkbox"/> Delete
NAME	Joe Atwell	
STREET ADDRESS	2815 Evans Street	
CITY-ST-ZIP	Hollywood, Florida 33020	
TITLE	VPR	<input type="checkbox"/> Delete
NAME	Leonel Garcia	
STREET ADDRESS	2815 Evans Street	
CITY-ST-ZIP	Hollywood, Florida 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Irwin Kendall	
STREET ADDRESS	2815 Evans Street	
CITY-ST-ZIP	Hollywood, FL 33020	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4/26/01 DAYTIME PHONE #

CR2034 (11/00)