

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28286

1. Entity Name
A.G.A. OF MIAMI, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90146 018 ***150.00

Principal Place of Business
6201 NW 24TH AVE
MIAMI FL 33147

Mailing Address
6201 NW 24TH AVE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0326537

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

FADEL, RAGHAD N
1000 BAY DRIVE
MIAMI BEACH FL 33141

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME FADEL, RAGHADA N
STREET ADDRESS 12501 NE 13TH AVE., APT. 423
CITY-ST-ZIP MIAMI FL 33161

TITLE
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CITY-ST-ZIP

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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: RAGHAD N FADEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRZ :034:15/001

V28286

ATTACHMENT

A0069971

**A.G.A. OF MIAMI, INC.
6201 N.W. 24TH AVENUE
MIAMI, FLORIDA 33147**

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July 14, 2000

RE: UNIFORM BUSINESS REPORT
A.G.A. OF MIAMI, INC.
DOCUMENT # V28286

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2000 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,

Fadel Raghada
President