

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90021 039 \*\*\*150.00

628362



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000071282

1. Entity Name  
**AGS REAL ESTATE HOLDINGS, INC.**

Principal Place of Business 16445 COLLINS AVE UNIT 721 MIAMI BEACH FL	Mailing Address 6075 SUNSET DRIVE SUITE 201 S. MIAMI FL 33143-5000 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 165539</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FL</b>	4. FEI Number <b>65-0445236</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33116-5539</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**GROSSMAN, JEROME**  
**6075 SUNSET DRIVE**  
**SUITE 201**  
**S. MIAMI FL 33143**

7. Name and Address of New Registered Agent  
 Name **GROSSMAN, JEROME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2 N.E. 40 STREET (#402)**  
 City **MIAMI** FL Zip Code **33137**

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 **JEROME GROSSMAN** (Signature, typed or printed name of registered agent and title if applicable)  
 (NOTE: registered Agent signature required when reinstating)  
 DATE **3/17/2000**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DA SILVA, SALUSTIANO C</b> <b>16445 COLLINS AVE UNIT 721</b> <b>MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DA SILVA, ELIDIA H</b> <b>16445 COLLINS AVE UNIT 721</b> <b>MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GROSSMAN, JEROME</b> <b>6075 SUNSET DRIVE, SUITE 201</b> <b>S. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GROSSMAN, JEROME</b> <b>2 N.E. 40 STREET (#402)</b> <b>MIAMI, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JEROME GROSSMAN** 3/17/2000 (305) 571-8300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #