

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-19-2000 90101 047 ***150.00

DOCUMENT # P99000099185
 1. Entity Name
AGK DISTRIBUTION COMPANY, INC.

Principal Place of Business Mailing Address
2815 EVANS STREET **2815 EVANS STREET**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020-1119**

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 **65-0966911** 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
GREENBERG, JOEL E
1242 N. UNIVERSITY DRIVE
PLANTATION FL 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 _____ (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, 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	D	<input type="checkbox"/> Delete
NAME	ATWELL, JOE	
STREET ADDRESS	2815 EVANS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, LEONEL	
STREET ADDRESS	2815 EVANS STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDALL, IRWIN	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 _____ Daytime Phone # _____

CR2004/9991