

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071282

1. Entity Name  
AGS REAL ESTATE HOLDINGS, INC.

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90011 020 \*\*\*150.00

Principal Place of Business  
16445 COLLINS AVE  
UNIT 721  
MIAMI BEACH FL

Mailing Address  
P.O. BOX 165539  
MIAMI FL 33116-5539  
US

010281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0445236

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROSSMAN, JEROME  
2 NE 40 STREE #402  
MIAMI FL 33137

Name GROSSMAN, JEROME  
Street Address (P.O. Box Number is Not Acceptable)  
2780 S.W. 37 AVE. (SUITE 205)  
City MIAMI FL Zip Code 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DA SILVA, SALUSTIANO C  
STREET ADDRESS 16445 COLLINS AVE UNIT 721  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DA SILVA, ELIDIA H  
STREET ADDRESS 16445 COLLINS AVE UNIT 721  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME GROSSMAN, JEROME  
STREET ADDRESS 2 NE 40 STREET #402  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☒ Change ☐ Addition  
NAME GROSSMAN, JEROME  
STREET ADDRESS 2780 S.W. 37 AVE. (SUITE 205)  
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

01/16/01

Date

(305) 662-6772

Daytime Phone #

CR2E034 (10/00)