

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004974**

1. Entity Name
AMHA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 AM 9:39

Principal Place of Business Mailing Address
1654 NW 108TH AVENUE 1654 NW 108TH AVENUE
MIAMI FL 33172 MIAMI FL 33172-2007



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **165-0942719** Applied For
65-0942719 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AWAL, AMIR R
7350 SW 122ND STREET
MIAMI FL 33156

Name **Hojat Farajzadeh**
Street Address (P.O. Box Number is Not Acceptable)
7350 S.W. 96 St.
City **Miami** FL Zip Code **33156**

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 *Hojat Farajzadeh*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **AWAL, AMIR R**
CITY-ST-ZIP **7350 SW 122ND STREET**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *of 3115/100*

TITLE Delete
NAME **MGRM**
STREET ADDRESS **FARAJZADEH, MOHAMMED H**
CITY-ST-ZIP **12480 SW 148TH STREET ROAD**
MIAMI FL 33186

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **800003174868--6**
-03/17/00--01093--021
*******50.00 *****50.00**

TITLE Delete
NAME **MGRM**
STREET ADDRESS **FARAJZADEH, HOJAT**
CITY-ST-ZIP **7350 SW 96TH ST**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Hojat Farajzadeh
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/28/2000
Date

Daytime Phone #

CR2E083 (9/99)