## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State DOCUMENT # M17366 1. Entity Name PHOENIX AMERICAN MANAGEMENT COMPANY. INC. 05-01-2000 90435 011 \*\*\*150.00 Mailing Address Principal Place of Business 6303 BLUE LAGOON **BLUE LAGOON** 838707 FL 33126 MIAMI FL 33126-6004 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2558197 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMBLER, SCOTT K. HURTUBISE, MELVIN J Street Address (PO. Box Number is Not Acceptable) 6303 BLUE LAGOON DRIVE, SUITE 6303 BLUE LAGOON #225 MIAMI FL 33126 Zin Cod 26 MIAMI 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. SCOTT K.\_AMBLER (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD ST ☐ Change XX Addition XX Delete TITLE TITLE HURTUBISE, MELVIN J NAME AMBLER, SCOTT K. 9735 NW 52 STR, STE 516 STREET ADDRESS 6430 SW 126 ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** PINECREST, FL 33156 ☐ Addition ☐ Delete ☐ Change TITLE TITLE BROOKS, R. STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 5740 SW 13TH TERRACE CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33156 Change ~ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIF

US

SCOTTIEK AMBLER

APRIL 24, 2000

(305) 266-5665

Daytime Phone #