

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90225 038 ****61.50

DOCUMENT # N00000007029

1. Entity Name

AMF AMIGOS, INC.

Principal Place of Business

Mailing Address

8181 WEST BROWARD BLVD. #201
 PLANTATION FL 33324

8181 WEST BROWARD BLVD. #201
 PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

8200 W. St Rd 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE

Zip
 FL

Country
 33324

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

65-1081952

Not Applicable

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

DREW, SHARON L
 8181 WEST BROWARD BLVD. #201
 PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RAFLOWITZ, RHONDA R	
STREET ADDRESS	2931 SW 87TH TERRAE #1911	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEGA, JOHN	
STREET ADDRESS	6650 CODY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, DEBRA	
STREET ADDRESS	6650 CODY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DREW, SHARON L	
STREET ADDRESS	2334 FILLMORE ST. #9	
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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY L HOFMANN	
STREET ADDRESS	9784 SW 59 ST	
CITY-ST-ZIP	COOPER CITY, FL 33329	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drew Sharon L	
STREET ADDRESS	2334 Fillmore St #9	
CITY-ST-ZIP	Hollywood, FL 33020	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 1/13/02 954424-4601

CR2E037 (9/01)