2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91331 030 ***150.00

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DOCUMENT # P00000029922

1. Entity Name
AMSUPSCALE.COM, INC.

OLD ADRESS | NEW ADRESS | OLD | NEW ADDRESS

Principal Place of Business (old)	New address	Mailing Address (old)	New address
12550 BISCAYNE BLVD. SUITE 210 MIAMI FL 33180	1800 N.E. 114 ST SUITE [A] MIAMI FLA 33181	12550 BISCAYNE BLVD. SUITE 210 MIAMI FL 33180	1800 N.E 114 ST SUITE [A] MIAMI FLA 33181

2. Principal Place of Business	3. Mailing Address
1800 N.E 114 ST	1800 N.E 114 ST
Suite, Apt. #, etc.: SUITE [A]	Suite, Apt. #, etc.: SUITE [A]
City & State: MIAMI FLA	City & State: MIAMI FLA
Zip: 33181 Country: USA	Zip: 33181 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 25-4342572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, MIKE
12550 BISCAYNE BLVD.
SUITE 210
MIAMI FL 33180

OLD ADRESS ←

NEW ADRESS
SEGAL MIKE
1800 N.E 114 ST
SUITE [A]
MIAMI FLA 33181

7. Name and Address of New Registered Agent NEW ADRESS

Name: SEGAL MIKE
Street Address (P.O. Box Number is Not Acceptable): 1800 N.E 114 ST SUITE [A]
City: MIAMI FLA FL Zip Code 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEGAL, MIKE	NAME	
STREET ADDRESS	1800 NE 114TH ST #1811	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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 REQUIRED [signature] 4/25/03 (305)891-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #