

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 004 ***150.00

0235285 AV

DOCUMENT # P02000036019

1. Entity Name
AMGB CORP.



Principal Place of Business
**3550 BISCAYNE BLVD., SUITE 400
MIAMI FL 33137**

Mailing Address
**3550 BISCAYNE BLVD., SUITE 400
MIAMI FL 33137**

2. Principal Place of Business

3550 Biscayne Blvd.

3. Mailing Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

Suite 402

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33137

33137

4. FEI Number

33-0998903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELTZER, ANDREW

3550 BISCAYNE BLVD., SUITE 400

MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Bonnie S. Miller, CPA

Street Address (P.O. Box Number is Not Acceptable)

9050 Pine Block

Suite 384

City

Hollywood Pembroke Pines FL

Zip Code

33024

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

Bonnie S. Miller, CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

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

TITLE **PD** ☐ Delete
NAME **MELTZER, ANDREW**
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **DVST** ☐ Delete
NAME **BARBAGALLO, GREGG**
STREET ADDRESS **3550 BISCAYNE BLVD., SUITE 400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **meltzer, Andrew**
STREET ADDRESS **3550 Biscayne Blvd Suite 402**
CITY-ST-ZIP **Miami, FL 33137**

TITLE **DVST** ☒ Change ☐ Addition
NAME **Barbagallo, Gregg**
STREET ADDRESS **3550 Biscayne Blvd. Suite 402**
CITY-ST-ZIP **MIAMI, FL 33137**

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

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

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

TITLE ☐ Change ☐ 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 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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

305-573-1577

Daytime Phone #

CR2E034 (10/02)