2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on

FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # **P96000021335** A & M PROPERTY MANAGEMENT, INC. 03-03-2000 90239 012 ***150.00 Principal Place of Business Mailing Address - HIATUS RD 3475 HIATUS RD SUNRISE FL 33351-7500 ------- FL 33351 C0029989 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0653153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALDRON, ANNIE M Street Address (P.O. Box Number is Not Acceptable) 3475 HIATUS RD SUNRISE FL 33351 Zip Code FL named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTD ☐ Addition CR2E034 (9/99 Change TITLE ☐ Delete WALDRON, MALCOLM H III NAME NAME 1620 N.W. 100TH TERRACE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP SVD Change ☐ Addition ☐ Delete TITLE TITLE WALDRON, ANNE M NAME NAME **1620 N.W. 100TH TERRACE** STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exthe 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