

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90105 014 ***158.75

DOCUMENT # P00000037904**1. Entity Name**
AMGR, INC.**Principal Place of Business****9951 NW 6TH COURT**
PLANTATION FL 33324**Mailing Address****9951 NW 6TH COURT**
PLANTATION FL 33324**2. Principal Place of Business****9951 NW 6TH CT**

Suite, Apt. #, etc.

3. Mailing Address**9951 NW 6TH CT**

Suite, Apt. #, etc.

City & State**PLANTATION****City & State****PLANTATION FL.****Zip****FL 33324****Country****U.S.A****Zip****33324****Country****U.S.A.****4. FEI Number****65-1000562****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****SMALL, TERENCE**
9951 NW 6TH COURT
PLANTATION FL 33324**7. Name and Address of New Registered Agent****Name****N/A****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.

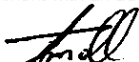
(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so:
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	☐ Delete
NAME	SMALL, TERENCE	
STREET ADDRESS	9951 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	☐ Delete
NAME	SMALL, TANYA	
STREET ADDRESS	9951 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	☐ Change ☐ Addition
NAME	
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 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.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01
Date**954 370-7205**
Daytime Phone #

CR2E034 (10/00)