

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90191 021 ***150.00

0555913 W AV

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**SAME AS ABOVE****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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

03/27/02**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, 2002 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**
NAME SMALL, TERENCE
STREET ADDRESS 9951 NW 6TH COURT
CITY-ST-ZIP PLANTATION FL 33324☐ Delete**TITLE VD**
NAME SMALL, TANYA
STREET ADDRESS 9951 NW 6TH COURT
CITY-ST-ZIP PLANTATION FL 33324☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**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

03/27/02

Date

954-370-7205

Daytime Phone #

CR2E034 (9/01)