

Apr 21 04 02:30p

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 007 ***150.00

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

DOCUMENT # <u>P02000009914</u>		
1. Entry Name <u>AMMA SUPPLY & SERVICES INC</u>		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business <u>22224 FRESNO TERR</u> Suite, Apt. #, etc.		3. Mailing Address <u>22224 FRESNO TERR.</u> Suite, Apt. #, etc.
City & State <u>BOCA RATON, FL</u>		City & State <u>BOCA RATON, FL</u>
Zip <u>33433</u>	Country <u>PALEMBACH</u>	Zip <u>33433</u>
4. FEI Number <u>020539901</u>		Applied For ☐ No. Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <u>TR HERRERA FINANCIAL SERVICES INC</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1250 E. HALLANDALE BEACH BLVD STE 1004</u>		
City <u>HALLANDALE</u>		FL Zip Code <u>33009</u>
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 <u>[Signature]</u>		4/22/04
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$950.00 Amended UBR is \$61.25 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 <u>PRESIDENT</u>	NAME <u>SALOMON MAIKHOR</u>	TITLE
STREET ADDRESS <u>22224 FRESNO TERRACE</u>	STREET ADDRESS	
CITY-ST-ZIP <u>BOCA RATON, FL 33433</u>	CITY-ST-ZIP	
TITLE	NAME	TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 507, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without other life empowerec.		
SIGNATURE <u>[Signature]</u>		4/22/04 361-929-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAC Dating Office

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