

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 026 ***150.00

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1. Entity Name

AMMA TRANSPORTATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6566 WALLIS RD.

3. Mailing Address

P.O. Box 6161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

W. PALM BEACH, FL

City & State

LAKE WORTH, FL

4. FEI Number

55 0786463

Applied For

Not Applicable

Zip

33413

Country

USA

Zip

33466

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL J. McGOEY

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

639 EAST OCEAN AVE Suite 601

City

BOYNTON BEACH

FL

Zip

33435

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
RIZWAN AHMED
3774 MIL STREAM CT.
GREENACRES, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIZWAN AHMED, 4/30/03

Date

Daytime Phone #

(561)
827-5500

CR2E0345 (12/02)