

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90232 028 \*\*\*150.00

**DOCUMENT # 302526**

1. Entity Name  
**AMILEDA CORPORATION**

Principal Place of Business

**GARDENS STRIDE RITE  
3101 PGA BLVD. #F137  
PALM BCH. GARDENS FL 33410  
US**

Mailing Address

**GARDENS STRIDE RITE  
3101 PGA BLVD. #F137  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1196153**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEFFERY FRISHMAN  
3101 PGA BLVD., #F-137  
GARDENS STRIDE RITE  
PALM BEACH GARDENS FL 33410**

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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **FRISCHMAN, JEFFREY**  
STREET ADDRESS **3101 PGA BLVD., #F-137**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ROZEN, BERNARDO**  
STREET ADDRESS **14182 64TH DR., N.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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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:

**BERNARDO ROZEN** 7/25/01 561-694-7993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0073280  
AV

CR2E034 (5/01)

**GARDENS STRIDE RITE**

Gardens Mall - Room F137 ~ 3101 PGA Blvd. ~ Palm Beach Gardens, FL 33410  
Phone 561-694-7993 ~ Fax (561) 694-7993

*Attachment*

July 25, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

FEI # 59-1196153

*# 302526*  
*B0061207*

To whom it may concern,

I am writing to you regarding our filing charge for the year-2001, as suggested by "Steve"-from your office. This week we received the renewal form for filing our report with a fee of \$550.00, which includes a penalty of \$400.00 for late filing. This is the first notice we receive this year regarding payment of the corporation fee. As you can see if you check our records, you will note that our payments are never late. We are respectfully asking that you abate the penalty charges and accept our check in the amount of \$150.00. We apologize and hope you can help.

Thank you,



Bernardo Rozen

br: cr

Enc: 2