2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 467466** A & M DATA SYSTEMS, INC. 01-31-2001 90325 035 ***150.00 Principal Place of Business Mailing Address 1875 S.W. 22ND ST. 1875 S.W. 22ND ST. MIAM) FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1564297 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILGEN, ROBERTO Street Address (P.O. Box Number is Not Acceptable) **185 NE 131ST STREET** N. MIAMI FL 33161 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE Change ☐ Addition MILGEM, ANGELINA NAME NAME STREET ADDRESS 185 NE 131 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL ☐ Delete ☐ Addition TITLE TITLE ☐ Change MILGEM, MIGDALIA NAME NAME STREET ADDRESS STREET ADDRESS 185 NE 131 ST. CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL ~ (Addition ~ TITI F ☐ Delete TITLE --[-]:Change MILGEM, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 185 N.E. 131 ST. CITY-ST-ZIP CITY-ST-7IP N. MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2001

305-856-0313