

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668505

1. Entity Name

AMICUS CORP. OF AMERICA

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90083 013 \*\*\*550.00

Principal Place of Business

19707 TURNBERRY WAY APT 28L  
 C/O GEORGE GREEN  
 N. MIAMI BEACH FL 33180

Mailing Address

19707 TURNBERRY WAY APT 28L  
 C/O GEORGE GREEN  
 N. MIAMI BEACH FL 33180

2. Principal Place of Business

19955 NE 38<sup>th</sup> CT

Suite, Apt. #, etc.

2106 90 G. GREEN

City & State

AVENTURA, FL

Zip

33180

Country

U.S.A

3. Mailing Address

19955 NE 38<sup>th</sup> CT

Suite, Apt. #, etc.

2106 90 G. GREEN

City & State

AVENTURA, FL

Zip

33180

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2073915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, GEORGE

19707 TURNBERRY WAY APT 28L  
 N. MIAMI BCH. FL 33180

7. Name and Address of New Registered Agent

Name

GEORGE GREEN

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

19955 NE 38<sup>th</sup> CT

APT. 2106

City

AVENTURA

FL

Zip Code

33180

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

*George Green* GEORGE GREEN

8/2/2000

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 13, 2000 Min. 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREEN, GEORGE	
STREET ADDRESS	19707 TURNBERRY WAY APT 28L	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GREEN, ELAINE K.	
STREET ADDRESS	19707 TURNBERRY WAY APT 28L	
CITY-ST-ZIP	N. MIAMI BCH. FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE GREEN	
STREET ADDRESS	19955 NE 38 <sup>th</sup> CT, APT 2106	
CITY-ST-ZIP	AVENTURA, FL, 33180	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE K. GREEN	
STREET ADDRESS	19955 NE 38 <sup>th</sup> CT, APT 2106	
CITY-ST-ZIP	AVENTURA, FL, 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*George Green* (GEORGE GREEN)

8/2/00

305-937-0495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)