## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: GERGE GALER PRINTED NAME OF SIGNING OFFICER OFFICER OF DIRECTOR

DOCUMENT # 668505  1. Entity Name AMICUS CORP. OF AMERICA					Secretary of State 01-30-2002 90086 049 ***158.75		
Principal Place of Business 19955 NE.38TH COURT 2106 C/O GEORGE GREEN AVENTURA FL 33180		Mailing Address 19955 NE 38TH COURT 2106 C/O GEORGE GREEN AVENTURA FL 33180			718902		
2. Principal Place of Business		3. Mailing Address			3 100110 01110 <b>3</b> 1101 18101 01111 00101 0111 3	B     B   B   B   B   B   B   B   B	HON BINKI LUÐI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number 11-2073915 Applied For Not Applicable		
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registe	red Agent	
1				Jame			
GREEN, GEORGE 19955 NE 38TH COURT			Street A	Street Address (P.O. Box Number is Not Acceptable)			
APT 2106 AVENTUR	A FL 33180	City				FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered aç	gent, or both, in the State of Florida.		,
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signal	ture required when r	einstating) DA	NTE	
Tax filling	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing     Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	_ AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, GEORGE 19955 NE 38TH CT APT 2106 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREEN, ELAINE K. 19955 NE 38TH CT APT 2106 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		nices, - gover	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attachment with an address, with the contract of	rue and accurate and that my vered to execute this report a	v signature shall h	ave the same.	legal effect as if made under oath: the	at Lam an officer.	or director   L