

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 693916**

1. Entity Name

AMAZON PREMIUM PRODUCTS, INC.**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90078 017 ***150.00

Principal Place of Business

275 NE 59TH STREET
MIAMI FL 33137

Mailing Address

275 NE 59TH STREET
MIAMI FL 33137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2263476**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****YOUNGS, ROBERT T.**
1019 HUNTING LODGE DRIVE
MIAMI SPRINGS FL 33166**7. Name and Address of New Registered Agent**

Name

Youngs, Robert T.

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

1070 Bass Point Rd.

City

Miami Springs, FL**FL**Zip Code
33166

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **STD**
NAME **AKERMAN, SANDRA**
STREET ADDRESS **1170 N E 100 STREET**
CITY-ST-ZIP **MIAMI FL** ☐ DeleteTITLE **PD**
NAME **AKERMAN, A L**
STREET ADDRESS **1170 N E 100 STREET**
CITY-ST-ZIP **MIAMI FL** ☒ DeleteTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PSTD**
NAME **Akerman, Sandra**
STREET ADDRESS **1170 N E. 100 St.**
CITY-ST-ZIP **Miami, FL 33138** ☒ Change ☐ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

Sandra Akerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 305-757-1943

CR2E034 (9/01)