

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27044**

1. Entity Name  
**AMERICAN MARKETING WESTPORT, LTD.**

Principal Place of Business  
**%AMERICAN MARKETING & MANAGEMENT, INC.  
888 S.E. 3RD AVENUE, S-501  
FT. LAUDERDALE FL 33316**

Mailing Address  
**P.O. BOX 282037  
DAVIE FL 33329**

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0150891</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FORMAN, M. AUSTIN 888 S.E. 3RD AVENUE, SUITE 501 FT. LAUDERDALE FL 33316</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.	<b>\$9,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>373822</b>	STREET ADDRESS	
NAME	<b>AMERICAN MARKETING &amp; MAN</b>	CITY - ST - ZIP	<b>900003289139-011-3</b>
STREET ADDRESS	<b>888 S.E. 3RD AVE #501</b>		<b>-06/14/00--01074-011-3</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>		<b>****141.25 ****141.25</b>
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/00 (954) 581-1720  
Date Daytime Phone #

CR2E003 (9/99)