

2001 UNIFORM BUSINESS REPORT (UBR)

0020501 SP

DOCUMENT # **A27044**

1. Entity Name

AMERICAN MARKETING WESTPORT, LTD.

FILED

01 MAY -3 PM 12:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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
---	--

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0150891	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**FORMAN, M. AUSTIN
888 S.E. 3RD AVENUE, SUITE 501
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOT: Registered Agent's signature required when reinstating) DATE _____

9. Capital Contributions as shown on record. \$9,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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

DOCUMENT #	373822
NAME	AMERICAN MARKETING & MAN
STREET ADDRESS	888 S.E. 3RD AVE #501
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	63.00-4
CITY - ST - ZIP	88.75-4
STREET ADDRESS	300004334213-5
CITY - ST - ZIP	-05/30/01 --01032--028 ****151.75 ****151.75

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: _____ **4/30/01** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E000 (11/00)