

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A97000002832

1. Entity Name
AMENEA, LTD.

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3621 BAYOU CIRCLE
LONGBOAT KEY FL 34228

Mailing Address
P.O. BOX 3258
C/O RIC GREGORIA
SARASOTA FL 34236

2. Principal Place of Business:

3. Mailing Address
200 SOUTH ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
C/O RIC GREGORIA

DO NOT WRITE IN THIS SPACE

City & State

City & State
SARASOTA FL

4. FEI Number
65-0806222

Applied For
Not Applicable

Zip

Country

Zip
34236

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G ESQ.
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. 250,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 250,000.00

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 # P97000103942
NAME MDS HOLDINGS, INC.
STREET ADDRESS 3621 BAYOU CIRCLE
CITY-ST-ZIP LONGBOAT KEY FL 34228

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

MARIA DESANTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

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****526.25 ****526.25