

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 PM 1:09

DOCUMENT # F98000000384



1. Entity Name
AMA FLORIDA LAND VENTURES I, INC.

DO NOT WRITE IN THIS SPACE

000020569760
06/06/03--01066--028 **8.75

REINSTATEMENT 01-03
CORPORATION REINSTATEMENT

2. Principal Place of Business
197 First Avenue
Suits, Apt. #, etc.

3. Mailing Address
197 First Avenue
Suits, Apt. #, etc.

City & State
Needham, MA

City & State
Needham, MA

4. ID Number 043408668
Applied For (Not Applicable)

Zip Country
02494 USA

Zip Country
02494 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: CorpDirect Agents, Inc.
Street address (P.O. Box Number is Not Acceptable):
103 North Meridian Street, Lower Level
City: Tallahassee FL Zip Code: 32301

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: Cynthia A. Hicks, VVPP. *Cynthia A. Hicks* 5/22/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

1. TITLE: DPST
NAME: Joseph Luzinski
STREET ADDRESS: c/o DSI, 200 S. Biscayne Blvd #900
CITY-STATE-ZIP: Miami, FL 33131-2718

2. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

000020569760
06/06/03--01066--025 **550.00

000020569760
06/06/03--01066--026 **450.00

**DO NOT WRITE
IN THIS SPACE**

000020569760
06/06/03--01066--027 **50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]* Joseph Luzinski

SIGNATURE AND TYPE OF POSITION PRINTED NAME OF SHIPPING OFFICER OR DIRECTOR

CR22006 (12/00)