

**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

Zip Country  
02494 USA

Zip Country  
02494 USA

4. EIN Number 043408668 Applied For (Not Applicable)

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			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST Joseph Luzinski c/o DSI, 200 S. Biscayne Blvd #900 Miami, FL 33131-2718	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000020569760 06/06/03--01066--025 **\$50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000020569760 06/06/03--01066--026 **\$50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000020569760 06/06/03--01066--027 **\$50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 OR PRINTED NAME OF SHIPPING OFFICER OR DIRECTOR

CORPORATE (12/00)