

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90001 045 ***150.00

0154M13 AV

DOCUMENT # F98000004605

1. Entity Name
AMREP NORTH AMERICA, INC.

Principal Place of Business Mailing Address

~~3838 N 30TH AVE~~ **10031 PINES BLVD STE 213**
~~PHOENIX AZ 85017~~ **PEMBROKE PINES FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

10031 PINES BLVD Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

213 City & State

City & State City & State

PEMBROKE PINES FL City & State

Zip Country Zip Country

33024 **USA**

4. FEI Number Applied For

94-3227863 Not Applicable

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

6. Name and Address of Current Registered Agent

INGCO, ISABEL M
18081 SW 33RD ST
MIRAMAR FL 33029

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | GOH, DERRICK |
| STREET ADDRESS | 3 MARITIME SQ., #14-01 |
| CITY-ST-ZIP | CABLE CAR TOWERS, SINGAPORE |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | THEAN, PRISCILLA |
| STREET ADDRESS | 3 MARITIME SQ., #14-01 |
| CITY-ST-ZIP | CABLE CAR TOWERS, SINGAPORE |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL M. INGCO 1-30-02 954-443-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)