

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 044 ***158.75

DOCUMENT # *F990000000738*

1. Entity Name

A.M.S. Marketing, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7040 W. Palmetto Park Rd

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

#572, Building 4

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33433

Country

USA

Zip

Country

4. FEI Number

65-0854589

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alfred M. Schiffrin

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

#572, Building 4

7040 W. PALMETTO PARK RD

City

BOCA RATON

FL

Zip Code

33433

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



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DSTC
Alfred M. Schiffrin
7040 W. PALMETTO PARK RD,
#572, Building 4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOCA RATON, FL 33433

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred M. Schiffrin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred M. Schiffrin President

3/1/02 *(561) 488-9938*

Date

Daytime Phone #

CR2E034B (12/01)