FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 FEB 27 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMSI HOLDING, INC.
F99000002421

DO NOT WRITE IN THIS SPACE

101 NW 176th Street
Miami, FL 33169

01-02

DO NOT WRITE IN THIS SPACE

23-2998580

☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY DATE: 22502
(Signature, type or printed name of person signing and capacity, if applicable. NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Late Amended Reports $400.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	COO/President/Secretary/Director Christopher T. Hightower 101 N.W. 176th Street Miami, FL 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman/CEO/Director James M. Hightower 101 N.W. 176th Street MIAMI, FL 33169
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CR2E034B (12/01)

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: C. T. Hightower CHRISTOPHER T. HIGHTOWER 2/21/02 (305) 651-0440 EXT. 361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #