2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9900006690**

SIGNATURE:

May 10, 2001 8:00 am 1. Entity Name **Secretary of State** AMPHION HOLDINGS INCORPORATED 05-10-2001 90063 044 ***150.00 Principal Place of Business Mailing Address 55 ALHAMBRA PLAZA 55 ALHAMBRA PLAZA CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business 2333 Ponce de 2333 tonce DO NOT WRITE IN THIS SPACE City &_State 4. FEI Number Applied For 06-1227007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI E CR2E034 (10/00) ☐ Delete TITLE MARSHALL, JOHN D NAME NAME 2333 Ponce de Leon Blvd. #300 Coral Gables, FL 33134 55 ALHAMBRA PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 VCD TITLE ☐ Delete TITLE MAAS, BERTH NAME NAME 2333 Ponce de Leon Blud. #300 STREET ADDRESS 55 ALHAMBRA PLAZA STREET ADDRESS Coral Gables, PL 33134 CITY-\$T-ZIP CORAL GABLES FL 33134 CITY-ST-7IP TITLE ☐ Delete TITLE RODRIGUEZ, MARTHA L NAME NAME 2333 Ponce de Leon Bird. #300 STREET ADDRESS 55 ALHAMBRA PLAZA STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP Coral Gables. Pc 33/34 TITLE ☐ Delete TITLE **Change** Addition BERGENSTJERNA, JOHAN NAME NAME Ponce de Leon Blud #300 STREET ADDRESS 55 ALHAMBRA PLAZA STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-7IP TITLE ☐ Delete TITLE **X** Change Addition GORDON, NANCY P NAME NAME STREET ADDRESS Ponce de Leun Blvd. #300 55 ALHAMBRA PLAZA STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Delete Addition **ERDENIUS, EVA-KARIN** NAME NAME STREET ADDRESS 55 ALHAMBRA PLZ STREET ADDRESS Coral Gables, TC 33134 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 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 appowered.

EFICER OR DIRECTOR RODRIGUE Z

D TYPED OR PRINTED NAME A