2002 UNIFORM BUSINESS REPORT (UBR)

F9900006690 DOCUMENT # 1. Entity Name

AMPHION HOLDINGS INCORPORATED

Principal Place of Business

SIGNATURE:

2333 PONCE DE LEON. #300

CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON. #300 **CORAL GABLES FL 33134**

FILED May 09, 2002 8:00 am § Secretary of State

05-09-2002 90042 036 ***150.00

2. Principal P	Place obusiness 13 Ponce de Leon Blud	3. Mailing Address Pond	o do la	n Blu	1 1004/10E 4/4E 4/4E 16/4E 16/4E 16/4E 12d	i fii 40 111 20 111 30 1	10 B) 10 B 10	18800 88 00 1880 .	
Suite, Apt. #, etc. # 300 Suite, Apt. #, etc.			z w ca	771	DO NOT WRITE IN THIS SPACE				
City& Star	Il Gables, FL		<u> </u>	-6	4. FEI Number 06-1227007	7		oplied For ot Applicable	
² 331	34 USA	33/34	Country	4	5. Certificate of Status Desired		3.75 Add e Required		
	6. Name and Address of Current Re	Namo	7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM				Tullio					
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
	10N FL 33324		-						
				City FL Zip Code					
8. The above	named entity submits this statement for the	ne purpose of changing its r	registered office (or registered	agent, or both, in the State of Flo	rida.			
				•					
SIGNATURE .	Circulation								
	Signature, typed or printed name of registered agent and		Registered Agent signa		en reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to De			2 Fee will be \$	be \$550.00 Trust Fund Contribution \$5.00 May Be			D May Be to Fees		
11.	OFFICERS AND DII	RECTORS	12.		ADDITIONS/CHANGES TO OFFI	ICERS AND DI	RECTORS	IN 11	
TITLE	PD	☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS	Marshall, John D 2333 Ponce de Leon Blvd, #30	ń	NAME STREET ADDRESS	•				:	
CITY-ST-ZIP	CORAL GABLES FL 33134	•	CITY-ST-ZIP						
TITLE	VCD	☐ Delete	TITLE	V	.TD	×	Change	Addition	
NAME	MAAS, BERTH		NAME			, -	•		
STREET ADDRESS CITY-ST-ZIP	2333 PONCE DE LEON BLVD. CORAL GABLES FL 33134		STREET ADDRESS					-	
TITLE	ST.	[7] p.,	CITY-ST-ZIP	A-T-	\/	N-	* 01		
NAME	RODRIGUEZ, MARTHA L	Delete	TITLE NAME	ST	V	X	Change	☐ Addition	
STREET ADDRESS	2333 PONCE DE LEON BLVD., #30	00	STREET ADDRESS					· ·	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		=			•	
TITLE	D .	☐ Delete	TITLE				Change	☐ Addition,	
NAME STREET ADDRESS	Bergenstjerna, Johan 2333 Ponce de Leon Blvd, #30	n	NAME OTDEET ADDRESS					·].	
CITY-ST-ZIP	CORAL GABLES FL 33134	U	STREET ADDRESS CITY-ST-ZIP						
TITLE	D	□ Delete	TITLE				Change	☐ Addition	
NAME	GORDON, NANCY P		NAME			_	onunge	Addition	
STREET ADDRESS	2333 PONCE DE LEON BLVD., #30	,	STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP						
TITLE NAME	d Erdenius, Eva-Karin	Delete	TITLE	<u>Ç</u>	D Park Parks	△ / • • • • □	Change	Addition	
STREET ADDRESS	2333 PONCE DE LEON BLVD #300	1	NAME STREET ADDRESS	3	ORMA POYHO	MEN Foal Ril	D #	300	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	43	ORMA POYHO 33 PONCE DE LI ORAL GABLES	FL 3	3/34	,——	
of the corp	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my red to execute this report as	/ Signature shall h	ted in Section	on 119.07(3)(i), Florida Statutes. I	further certify t	that the inf	formation	