

2000 UNIFORM BUSINESS REPORT (UBR)

UNIFORM 2

DOCUMENT # H15707

1. Entity Name

AMEX FINANCIAL & INVESTMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 013 ***150.00

Principal Place of Business

Mailing Address

3050 BISCAYNE BLVD.
#707
MIAMI FL 33137

PO BOX 880254
BOCA RATON FL 33488-0254

2. Principal Place of Business

11038 Baybreeze Way.

3. Mailing Address

P.O. Box 880254

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca-Raton, FL

City & State

Boca Raton FL

4. FEI Number

65-0876791

Applied For

Not Applicable

Zip

33428-1250

Country

DOM-BEACH

Zip

33488-0254

Country

DOM-BEACH

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALDONADO, CARLOS A
3050 BISCAYNE BLVD.
#707
MIAMI FL 33137

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSD
MALDONADO, CARLOS A
3050 BISCAYNE BLVD. #707
MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PINILLOS, VICTORIA E
3050 BISCAYNE BLVD., #707
MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 18-2000 561-218-9692

CR2E034 (9/99)