

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90004 016 \*\*\*150.00

0046157 AV

**DOCUMENT # K35126**  
 1. Entity Name  
**ASSET MANAGEMENT ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**% DIXON** **% DIXON**  
**6419-B BIRD ROAD** **6419-B BIRD ROAD**  
**MIAMI FL 33155** **MIAMI FL 33155**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**A0079380**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0075757** Applied For Not Applicable  
 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  
**SWERDLIN, LEE** Name  
**6419-B BIRD ROAD** Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI FL 33155** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PSD</b> <b>SWERDLIN, LEE</b> <b>6419-B BIRD ROAD</b> <b>MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** (Lee Swerdlin) 7/26/01 305-495-7380  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
DH#1635124  
A0079585

**Asset Management Associates, Inc.**  
**P.O. Box 43-0637**  
**Miami, Fl. 33243**  
**305-495-7380**

July 20, 2001

Department of State  
P.O. Box 1500  
Tallahassee, Fl. 32302

Dear Sirs:

Attached please find the 2001 Annual report for Asset Management Associates, Inc., also enclosed is our annual filing fee of One Hundred Fifty Dollars (\$150).

Per your office we have paid the regular fee not the late fee of \$550, because, we never received the first notice that should have come in January 2001.

Thank you for your assistance in resolving this problem.

Sincerely,

  
Lee Swerdlin  
President