

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90099 002 ***150.00

DOCUMENT # K35126

1. Entity Name
ASSET MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

% DIXON
~~6419-B BIRD ROAD~~
~~MIAMI FL 33155~~

Mailing Address

% DIXON
~~6419-B BIRD ROAD~~
~~MIAMI FL 33155~~

2. Principal Place of Business

4345 SW 72 AVE, #E

3. Mailing Address

4345 SW 72 AVE, #E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami FL

Zip
33155

Country
Dade

Zip
33155

Country
Dade

☐ CHECK HERE IF MAKING CHANGES

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

SWERDLIN, LEE
~~6419-B BIRD ROAD~~
~~MIAMI FL 33155~~

7. Name and Address of New Registered Agent

Name **LEE SWERDLIN**
Street Address (P.O. Box Number is Not Acceptable)
4345 SW 72 AVE
#E
City **MIAMI, FL** Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **SWERDLIN, LEE**
STREET ADDRESS **6419-B BIRD ROAD**
CITY-ST-ZIP **MIAMI FL 33155**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LEE SWERDLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Swerdlin

1/8/03

305-495-7380

Date Daytime Phone #

CR2E034 (10/02)