

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66159

1. Entity Name
A & M MANAGEMENT COMPANY

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90029 013 ***150.00

Principal Place of Business

C/O ARMANDO C. MONTES
3400 CORAL WAY, SUITE 102
MIAMI FL 33145

Mailing Address

C/O ARMANDO C. MONTES
3400 CORAL WAY, SUITE 102
MIAMI FL 33145

2. Principal Place of Business

11731 S.W. 112 TERRACE

3. Mailing Address

11731 S.W. 112 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI-FL

City & State

MIAMI-FL

4. FEI Number

65-0102761

Applied For

Not Applicable

Zip

33136

Country

US

Zip

33136

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTES, ARMANDO C.
3400 CORAL WAY
SUITE 102
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11731 S.W. 112 TERRACE

City

MIAMI

FL

Zip Code

33136

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE **D** ☐ Delete
NAME **MONTES, ARMANDO C.**

STREET ADDRESS **688 W. 64TH DR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **MONTES, MANUELA A.**

STREET ADDRESS **688 W. 64TH DR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, ROSELINA M.**

STREET ADDRESS **2250 S.W. 132 CT.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete
NAME **MONTES, JOSE A**

STREET ADDRESS **688 W. 64TH DR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME

STREET ADDRESS **11731 S.W. 112 TERRACE**
CITY-ST-ZIP **MIAMI-FL-33136**

TITLE ☒ Change ☐ Addition
NAME

STREET ADDRESS **11731 S.W. 112 TERRACE**
CITY-ST-ZIP **MIAMI-FL-33136**

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS **7823 N.W. 16P TERRACE**
CITY-ST-ZIP **MIAMI-FL-33015**

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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 #

CR2E034 (10/00)