

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90088 050 ***150.00

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DOCUMENT # K81501

1. Entity Name
A.M.L.L. CORPORATION

Principal Place of Business C/O ANTONIO & MIREYA PENA 11535 N. W. 58 COURT HIALEAH FL 33012	Mailing Address C/O ANTONIO & MIREYA PENA 11535 N. W. 58 COURT HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 124 WEST 24 ST Suite, Apt. #, etc.	3. Mailing Address 124 W. 24 ST Suite, Apt. #, etc.
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City & State HIALEAH, FL.	City & State HIALEAH, FL. 33010	4. FEI Number 65-0112419	Applied For <input type="checkbox"/> Not Applicable
Zip 33010	Country MIAMI-DAGE	Zip 33010	Country U.S.A.

6. Name and Address of Current Registered Agent PENA, ANTONIO & MIREYA PENA 11535 NW 58TH CT HIALEAH FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PENA, ANTONIO 11535 NW 58 COURT HIALEAH FL <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	VSD PENA, MIREYA 11535 N. W. 58 COURT HIALEAH FL <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
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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: *Antonio Pena* **01/25/02** **305-885-9781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)