


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90326 006 ****55.00

DOCUMENT # L02000034869

1. Entity Name
AMA ENTERPRISE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3270 NW 36 ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33142

Country
MIAMI-DADE

Zip

Country

4. FEI Number
22-3890168

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Randall M. Aderman

Street Address (P.O. Box Number is Not Acceptable)
3270 NW 36 ST

City
MIAMI

FL

Zip Code
33142

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER DONNA E. ADERMAN 3270 NW 36 ST MIAMI FLORIDA 33142
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**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Randall Aderman 2/14/03 305-635-1445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)