

2010 AMENDED FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP-2 PM 2:46

DOCUMENT # **EO3000051903**



1. Entity Name
AM TEXAS PROPERTIES, LLC

Principal Place of Business Mailing Address
**4601 NW 199 St
Miami, FL 33055**

2. Principal Place of Business Same as above
3. Mailing Address **3130 SW 109 Ct**

State Apt #, etc Suito. Apt #, etc

City & State City & State
Miami, FL

Zip Country Zip Country
33165 USA

4. FEI Number **20-0469190** Applied For Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**AG CORPORATE SERVICES, LLC
5805 Blue Lagoon Dr.,
Virginia Gardens, FL 33166**

7. Name and Address of New Registered Agent
Name **Anselmo M Mendive**
Street Address (P.O. Box Number is Not Acceptable) **4601 NW 199 St**
City **Miami FL** **FL 33055**

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 *Anselmo M Mendive* Sept 1/ 2010



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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANSELMO M MENDIVE 3130 SW 109 Ct Miami, FL 33165 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YIN M MENDIVE GARCIA 6555 SW 36 St No. 114 Virginia Gardens, FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Julio E Garcia 6555 NW 36 St. No. 114 Virginia Gardens, FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11):	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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09/02/10 - 01029-005 #451.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X SIGNATURE REQUIRED Anselmo M Mendive* Sept 1, 2010