

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05988

1. Entity Name

AMREY INTERNATIONAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90488 019 ***150.00

Principal Place of Business

Mailing Address

2500 SE MIDPORT RD

2500 SE MIDPORT RD

STE 124

STE 124

ST LUCIE FL 34952

PT ST LUCIE FL 34952-6033

US

2. Principal Place of Business

3. Mailing Address

3503 SE Charing Cross Ln.
Suite, Apt. #, etc.

3503 SE Charing Cross Ln.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0142728

Applied For

Not Applicable

Zip

34952

Country

U.S.A.

Zip

34952

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, MARIA L
3503 CHARING CROSS LN.
PORT ST. LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME REYES, ARIOSTO, JR.
STREET ADDRESS 3503 CHARING CROSS LN.
CITY-ST-ZIP PT. ST. LUCIE FL

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

TITLE VST ☐ Delete
NAME REYES, MARIA L
STREET ADDRESS 3503 CHARING CROSS LN.
CITY-ST-ZIP PT. ST. LUCIE FL

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

TITLE D ☐ Delete
NAME REYES, MARIA L
STREET ADDRESS 3503 CHARING CROSS LN.
CITY-ST-ZIP PT. ST. LUCIE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Maria L. Reyes (MARIA L. REYES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

(561) 335-9162

CR2E034 (9/99)