

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0155440

**DOCUMENT # L16114**

1. Entity Name

**A.M.P. ART AND DESIGN CORPORATION**

04-10-2001 90010 026 \*\*\*150.00

Principal Place of Business

% MARIO E. DE CARDENAS  
 14 NE 1ST AVE. STE 704  
 MIAMI FL 33132

Mailing Address

% MARIO E. DE CARDENAS  
 14 NE 1ST AVE. STE 704  
 MIAMI FL 33132

2. Principal Place of Business

*3503 Torremolinos Ave.*  
 Suite, Apt. #, etc.

3. Mailing Address

*3503 Torremolinos Ave*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Miami, FL*

City & State

*Miami FL*

4. FEI Number

**65-0151359**

Applied For

Not Applicable

Zip

*33178*

Country

*USA*

Zip

*33178*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE CARDENAS, MARIO E.**  
 14 NE 1ST AVE  
 SUITE 704  
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name *Ana Maria Pages*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3503 Torremolinos Ave*  
 City *Miami* FL Zip Code *33178*

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 *Ana Maria Pages President* *A. Maria Pages* *April 6/01*  
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, 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	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>PAGES, ANA MARIA</b>	
STREET ADDRESS	<b>3503 TORREMOLINOS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *A. Maria Pages*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/01*  
Date

*305 717-3107*  
Daytime Phone #

CR2E034 (10/00)