

2001 UNIFORM BUSINESS REPORT (UBR)

0010110

DOCUMENT # L99000007976

1. Entity Name
AMPHION ENTERPRISES, LLC

FILED

01 FEB -5 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
9400 SOUTH DADELAND BLVD., SUITE 508 9400 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156 MIAMI FL 33156

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1009295 APPLIED FOR Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

Name JAMSEL J. VEDROS
Street Address (P.O. Box Number is Not Acceptable) 9400 South Dadeland Blvd.
Suite 508
City Miami FL Zip Code 33156

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 JAMSEL J. VEDROS 1/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM VEDROS, JAMSEL J
STREET ADDRESS 9400 SOUTH DADELAND BLVD., SUITE 508
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM STINSON, LOUIS JR.
STREET ADDRESS 4675 PONCE DE LEON BLVD., SUITE 305
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

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: 1/22/01 305-670-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)