

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008109

1. Entity Name
AMS MANAGEMENT GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -7 PM 2:19

Principal Place of Business
150 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33406

Mailing Address
150 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33406-1465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

WEAVER, H. ADAMS
505 S. FLAGLER DR., STE 1100
WEST PALM BEACH FL 33401

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President
NAME Khalil Pakideh, MGRM
STREET ADDRESS 150 Australian Ave
CITY-ST-ZIP WPPB FL 33406 ☐ Delete

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

TITLE Vice President
NAME Mik Mandavi, MGRM
STREET ADDRESS 150 Australian Ave
CITY-ST-ZIP WPPB FL 33406 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE Vice president of Finance
NAME Human Etemadi, MGRM
STREET ADDRESS 150 Australian Ave
CITY-ST-ZIP WPPB FL 33406 ☐ Delete

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

TITLE Vice president of Marketing
NAME Denis Heiron, MGRM
STREET ADDRESS 150 Australian Ave
CITY-ST-ZIP WPPB FL 33406 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Mik Mandavi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/14/00 561-323-0266

Date

Daytime Phone #

CR2E083 (9/99)