

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # L99000008109

1. Entity Name

AMS MANAGEMENT GROUP LLC

FILED

01 JAN 16 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

150 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33406

Mailing Address

150 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33406



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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 MGRM
NAME PAKIDEH, KHALIL
STREET ADDRESS 150 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900003575219--6
-01/25/01--01098--004
*****50.00 *****50.00

TITLE MGRM
NAME MANDAVI, MIK
STREET ADDRESS 150 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ETEMADI, HOUMANI
STREET ADDRESS 150 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME KERRON, DENIS
STREET ADDRESS 150 AUSTRALIAN AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33406

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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: H. Temadi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/2001 561-684-9406

Date

Daytime Phone #

CR2E083 (11/00)

202

Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) AMS Management Group LLC	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 150 Australian Avenue	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code West Palm Beach, FL 33406	5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach, FL	
	7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ► 173-48-4530 Khalil Pakideh, President	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► Disregarded Entity	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► Management Company	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) November 22, 1999	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ...	NONE
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ...	Nonagricultural <input type="radio"/>	Agricultural <input type="radio"/>	Household <input type="radio"/>
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14 Principal activity (see instructions) ► Management Company

15 Is the principal business activity manufacturing? ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►
	<input checked="" type="checkbox"/> N/A

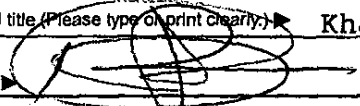
17a Has the applicant ever applied for an employer identification number for this or any other business? ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (561) 684-9400
	Fax telephone number (include area code) (561) 689-0218

Name and title (Please type or print clearly.) ► Khalil Pakideh, President

Signature ► 	Date ► 1/03/2001
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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