

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90116 048 ****50.00

DOCUMENT # L99000008109

1. Entity Name

AMS MANAGEMENT GROUP LLC



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

Zip

Country

Zip

Country

4. FEI Number **65-1124785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE : **MGRM** ☐ Delete
NAME : **PAKIDEH, KHALIL**
STREET ADDRESS : **150 AUSTRALIAN AVENUE**
CITY-ST-ZIP : **WEST PALM BEACH FL 33406**

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

TITLE : **MGRM** ☐ Delete
NAME : **MAHDAVI, MIK**
STREET ADDRESS : **150 AUSTRALIAN AVENUE**
CITY-ST-ZIP : **WEST PALM BEACH FL 33406**

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

TITLE : **MGRM** ☐ Delete
NAME : **ETEMADI, HOUMAN**
STREET ADDRESS : **150 AUSTRALIAN AVENUE**
CITY-ST-ZIP : **WEST PALM BEACH FL 33406**

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

TITLE : **MGRM** ☐ Delete
NAME : **HERRON, DENNIS**
STREET ADDRESS : **150 AUSTRALIAN AVENUE**
CITY-ST-ZIP : **WEST PALM BEACH FL 33406**

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

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
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:

REQUIRED

1-3-2003

CR2E083 (10/02)