

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 16123

1. Entity Name
Amafer Corporation

Principal Place of Business
8505 Mills Dr # G113
Miami FL 33183

Mailing Address
8505 SW 136 St #140
Miami FL 33176

2. Principal Place of Business
8505 Mills Dr
Suite, Apt. #, etc.
G113

3. Mailing Address
8505 SW 136 St
Suite, Apt. #, etc.
140

City & State
Miami FL

City & State
Miami FL

Zip
33183

Country
Miami, Dade

Zip
33176

Country
Miami, Dade

4. FEI Number
592538005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Diaz Julia F
7448 SW 120 Ct
Miami FL 33183 ← New Address

7. Name and Address of New Registered Agent

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

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	President	<input type="checkbox"/> Delete
NAME	Julia Diaz	
STREET ADDRESS	7448 SW 120 Ct	
CITY-ST-ZIP	Miami FL 33183	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Adolfo Perea	
STREET ADDRESS	4027 Park Avenue	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Maria Perea	
STREET ADDRESS	4130 Hardie Ave	
CITY-ST-ZIP	Miami FL 33133	
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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90030 008 ***150.00

A0055150

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)