

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55050

1. Entity Name

A.M.D. ENTERPRISES, INC.

(R)

Principal Place of Business

10651 NW 44TH STREET
CORAL SPRINGS FL 33065
US

Mailing Address

10651 NW 44TH STREET
CORAL SPRINGS FL 33065
US

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 59-2819332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'AMBOISE, MICHEL
10651 NW 44TH STREET
CORAL SPRINGS FL 33065

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME D'AMBOISE, MICHEL
STREET ADDRESS 10651 NW 44TH STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

7/6/00

Date

954-255-1326

Daytime Phone #

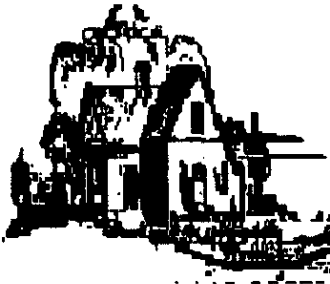


DO NOT WRITE IN THIS SPACE

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attachment
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40013065
"DOING BUSINESS WITH THE BEST
IS ALWAYS CHEAPER"



AMD ENTERPRISES, INC.

10651 N.W. 44th Street Coral Springs FL 33065 (954)255-1326 Fax 255-5331

7/6/00

To whom it may concern:

REF: Waiver of late filing fee for corporate annual report of AMD Enterprises, Inc.
Please be advised that AMD did not receive the first filing form for 2000 Uniform Business Report.

Therefore it was never mail or paid. Had we received this documentation we would of filed immediately avoiding the confusion that is taking place now.

On our behalf we are asking the state to wave the late fee of \$ 400.00 and accept our Check for \$ 158.75 for renewal and a certificate of status.

Please contact me at the address or phone number below as to what your final decision may be. Thank you for your time in this matter.

Sincerely,

Michel D'Amboise
President

10651 NW 44th Street
Coral Springs FL 33065
954-255-1326