

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

03-11-2002 90055 003 ****61.25

DOCUMENT # N00000007218

1. Entity Name

AMERICA, INC.

Principal Place of Business

Mailing Address

~~2199 ALI-BABA
 OPALOCKA, FL 33054~~

~~2199 ALI-BABA
 OPALOCKA, FL 33054~~

90980

2. Principal Place of Business

3. Mailing Address

4450 N.W. 135 ST

P.O. Box 540546

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OPA-LOCKA FLA.

City & State

OPA-LOCKA FLA

4. FEI Number

82.0546296

Applied For

Not Applicable

Zip

33054

Country

U.S.A.

Zip

33054

Country

U.S.A

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

**ROSARIO, BOBBY
 2199 ALI-BABA
 OPALOCKA FL 33054**

Name: **ROSARIO BOBBY**

Street Address (P.O. Box Number is Not Acceptable)

19815 N.W. 34 AVE

City **MIAMI**

FL

Zip Code **33056**

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

Bobby Rosario

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/05/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ROSARIO, BOBBY**
 STREET ADDRESS **2199 ALI-BABA**
 CITY-ST-ZIP **OPALOCKA FL 33054**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **MIRET, PABLO**
 STREET ADDRESS **2081 WEST 76TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SANTESTEBAN, MELQUIADES**
 STREET ADDRESS **971 WEST 64TH PL**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GONZALEZ, EDUARDO**
 STREET ADDRESS **5390 SW 130TH AVENUE**
 CITY-ST-ZIP **MIRAMAR FL 33027**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby Rosario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby Rosario Pres. 2/05/02

Date

Daytime Phone #

CR2E037 (9/01)