2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

N96000004843

ASM PROPERTY MGT

Mailing Address

A&M PROPERTY MGT

Apr 04, 2001 8:00 am Secretary of State 04-04-2001 90502 010 ****61.25

FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD JEAN KRUGER 51.55 NW 1.21st Drive Coral Springs, FL 33076 ITILE NAME STRET ADDRESS CITY-S1-ZP ITILE NAME STRET ADDRESS CORAL Springs, FL 33076 ITILE NAME STRET ADDRESS CITY-S1-ZP ITILE NA	347	5 North	n Hiatus Roa	d 3475 N. Sunrise	Hiatus R , FL 33	351		COO	4229	2		
City & State City & State City & State City & State City & State A. FEI Number Applied For Not Applied Fo	2. Principal Pl	lace of Busines	ss	3. Mailing Address			-					
Country Zip Country S. Certificate of Situtus Desired S. T. Additional Face Required S. C.	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	tc.		DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent A & M PROPERTY MANAGEMENT -3.47-5 North Hiatus Road. Sunrise, FL 33351 City FL Zip Code 6. The abford-named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature, typed or primary Sirrey August 1.00 to 1 september. FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS JEAN KRUGER JEAN KRUGER S155 NW 121st Drive Coral Springs, FL 33076 OTFI-51-2P STREET ADDRESS COral Springs, FL 33076 OTFI-51-2P THE MAKE STREET ADDRESS COral Springs, FL 33076 OTFI-51-2P THE MAKE STREET ADDRESS OTFI-51-2P THE MAKE MAKE STREET ADDRESS OTFI-51-2P THE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	City & State		***		4. FEI Number							
A & M PROPERTY MANAGEMENT -34.75 North Hiatus Road. Sunrise, FL 33351 City FL Zip Code 8. The abprenamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supplies a good or pents hating angulawan agent and that a registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State 12.135 NW 12.1st Drive Coral Springs, FL 33076 INLE NAME SVPD COral Springs, FL 33076 INLE NAME SVPD COral Springs, FL 33076 INLE NAME STRET ADDRESS TOTI-ST-IP TITLE Delete TITLE NAME STRET ADDRESS TOTI-ST-IP TOTI-ST-I	Zip		Country	Zip	Country		5. Certificate o	f Status Desired				
Name 3.47.5 North Hiatus Road Sunrise, FL 33351 City FL Zio Code City FL Zio Code City FL Zio Code 6. The abprox-pamed snelly submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Significant Registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Added to Fees Added to Fees Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD JEAN KRUGER STORES STORES STORES SINGER ADDRESS COVASIS SINGER ADDRESS COVA		6. Name a	nd Address of Current R	egistered Agent			7. Name and A	ddress of New R	egistered A	gent		\Box
Surrise, FL 33351 CIV FL Zio Code 8. The above parmed entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress agent avia to it approach. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required agent, or both, in the state of Florida. Signature years or press family suppress years required or or registered agent, or both, in the state of Florida. Signature years or press family suppress years required or or registered agent, or both, in the state of Florida. Signature years or press family suppress years required or or registere	3 A	M PROI	PERTY MANAGE	MENT	Name							1
Sunrise, FL 33351 City FL Zip Code 8. The abpta parmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supremed part to the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supremed part of changing its registered agent, or both in the state of Florida. SIGNATURE Supremed part of changing its registered agent, or both, in the state of Florida. SIGNATURE Supremed part of changing its registered agent, or both in the state of Florida. SIGNATURE Supremed part of changing its registered agent, or both in the state of Florida. SIGNATURE Supremed p					Street Add	dress (F	O. Box Number	is Not Acceptable)+			-
B. The above parmed ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE						` ` `		· · · · ·				-1
B. The above parmed entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Control		· · ·		•								
SIGNATURE Signature. Appear or printed Birth of Registering agent and other appearance of Agent signature required requirement of State and State					City				FL	Zip Co	ode	
ITILE PD JEAN KRUGER Delete MAME STREET ADDRESS S	SIGNATURE	FILE N	OW:	9. Election Campaign f	inancing	\$5.00	0 May Be		Check P			
ITILE PD JEAN KRUGER Delete MAME STREET ADDRESS S				OTODO :	T 44		DDITIONS (CHAI	NGES TO OFFICE	RS AND DIR	ECTORS	IN 10	\dashv
JEAN KRUGER SITEET ADDRESS CITY-ST-ZIP JEAN KRUGER SITEET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP KATHY FAHEY SITEET ADDRESS CITY-ST-ZIP KATHY FAHEY SITEET ADDRESS CITY-ST-ZIP Coral Springs, FL 33076 SITEET ADDRESS CITY-ST-ZIP Coral Springs, FL 33076 SITEET ADDRESS CITY-ST-ZIP SITEET ADDRESS CITY-ST-ZIP Coral Springs, FL 33076 SITEET ADDRESS CITY-ST-ZIP Coral Springs, FL 33076 SITEET ADDRESS CITY-ST-ZIP MAR 2 8 2001	10.		OFFICERS AND DIRE				(DBITIONS/CHAI	NGES TO OTTICE	10 7110 0111			ion
STREET ADDRESS CITY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP KATHY FAHEY NAME STREET ADDRESS COTAL Springs, FL 33076 CITY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COTAL Springs, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP COTAL Springs, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP COTAL SPRINGS CITY-ST-ZIP MAR 2 8 2001 MAR 2 8 2001				,	■ '					_ ` `	_	
TITLE NAME SVPD KATHY FAHEY Delete NAME STREET ADDRESS CITY-ST-ZIP COral Springs, FL 33076 CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE ST	STREET ADDRESS				STREET ADDRESS							
MAME S VPD KATHY FAHEY NAME STREET ADDRESS CITY-ST-ZIP CORAL Springs, FL 33076 CITY-ST-ZIP CORAL Springs, FL 33076 CITY-ST-ZIP TITLE NAME TD STREET ADDRESS CITY-ST-ZIP CORAL Springs, FL 33076 CITY-ST-ZIP CORAL Springs, FL 30076 CITY-ST-ZIP CORAL	CITY-ST-ZIP	Coral	Springs, FI	33076	CITY-ST-ZIP							_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TD STREET ADDRESS CITY-ST-ZIP COral Springs, FL 33076 TITLE NAME TD STREET ADDRESS CITY-ST-ZIP COral Springs, FL 33076 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	TITLE			☐ Delete	TITLE					☐ Change	e 🔲 Addit	ion
COTY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP TITLE NAME TD STREET ADDRESS CITY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL				. v.+								- {
TITLE NAME TD BARRY FELTMAN STREET ADDRESS CITY-ST-ZIP COral Springs, FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001										. •		
NAME TD STREET ADDRESS CITY-ST-ZIP CORAL Springs, FL 33076 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001		Corai	Springs, 11							Channe	tibbA 🗆	ion
STREET ADDRESS CITY-ST-ZIP COTAL Springs, FL 33076 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001		BARRY	FELTMAN	. Delete				•		C. C. C. C.		_
CITY-SI-ZIP Coral Springs, FL 33076 CITY-SI-ZIP TITLE	STREET ADDRESS	5182	NW 122nd Ave	enue	STREET ADDRESS					-, -	- '-'	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	CITY-ST-ZIP				CITY-ST-ZIP							_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	TITLE		•	☐ Delete	TITLE					☐ Change	e 🗌 Addit	ion
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	NAME											
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001				П	·	_			- -	Change	libba 🔲	ion
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001				☐ Delete	1					Juange		
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE			<u> </u>	汉民工	TAX train for	Addit	ion
STREET ADDRESS CITY-ST-ZIP MAR 2 8 2001	NAME				NAME			ر الله	لأستط لهرييط سمي			
	STREET ADDRESS							1111	1D 9 R	2001	y	
12. Thereby 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 coord 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	CITY-ST-ZIP											

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR