

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006913

1. Entity Name

A M O S PROJECT, INC.

Principal Place of Business

Mailing Address

P O BOX 56-2141  
MIAMI FL 33256

P.O. BOX 56-2141  
MIAMI FL 33256-2141  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1596859

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

OLSON, DON E  
88181 OLD HIGHWAY #A-41  
ISLAMORADA FL 33036

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

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 VPD  
NAME LUYTJES, DOROTHY  
STREET ADDRESS 12920 SW 60TH AVE  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE PD  
NAME LUYTJES, DOROTHEA  
STREET ADDRESS 12920 SW 60 AVE  
CITY-ST-ZIP MIAMI FL 33156 ☒ Change ☐ Addition

TITLE STD  
NAME BELL, CAROLE A  
STREET ADDRESS 8139 SW 82ND PL  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE VPD  
NAME LIEFJE LUND  
STREET ADDRESS 11137 SW 134AL  
CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☒ Addition

TITLE PD  
NAME ETHEHART, MARY  
STREET ADDRESS 6255 SW 132 ST  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Carole A. Bell REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CAROLE A. BELL

Date

Daytime Phone #

2/2/2000 305-271-0578

CR2E037 (9/99)