

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006913

1. Entity Name

A M O S PROJECT, INC.

Principal Place of Business

P O BOX 56-2141
MIAMI FL 33256

Mailing Address

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

2. Principal Place of Business

1350 SW 4 ST

Suite, Apt. #, etc.

3. Mailing Address

Po Box 70-0832

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

MIAMI FL

Zip

33030

Country

USA

Zip

33170

Country

USA

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

GREER, TED
10711 SW 216 ST
SUITE A-100
MIAMI FL 33170

7. Name and Address of New Registered Agent

Name DOROTHEA LUYTJES

Street Address (P.O. Box Number is Not Acceptable)
12920 SW 60 AVE

City MIAMI

FL

Zip Code

33156

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

Dorothea Luytjes

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

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

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

TITLE VPD
NAME JIEFJE, LUND ☒ Delete
STREET ADDRESS 11137 SW 134 PL
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE PRESIDENT/D
NAME GLORIA KEITH ☐ Change ☒ Addition
STREET ADDRESS 21473 SW 91 AVE
CITY-ST-ZIP MIAMI FL 33189

TITLE DIRECTOR
NAME CLARENCE CRYER, SR ☐ Change ☒ Addition
STREET ADDRESS 18680 SW 200 ST
CITY-ST-ZIP MIAMI FL 33187

TITLE DIRECTOR
NAME CURTIS THOMAS ☐ Change ☒ Addition
STREET ADDRESS 1055 NW 6 AVE
CITY-ST-ZIP FLORIDA CITY FL 33034

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/02 305-271-0578

Daytime Phone #

CR2E037 (9/01)