

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90543 003 ****70.00

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1. Entity Name

A M O S PROJECT, INC.



Principal Place of Business

**1350 SW 4 ST
HOMESTEAD FL 33030**

Mailing Address

**PO BOX 700832
MIAMI FL 33170
US**

NO P.O. BOX NOW

MAILING ADDRESS

IS SAME AS PRINCIPAL

2. Principal Place of Business

3. Mailing Address **PLACE OF BUSINESS**

1350 SW 4 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMESTEAD, FL

4. FEI Number **31-1596859**

Applied For

Not Applicable

Zip

Country

Zip

Country

33030

MIAMI-DADE

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

**LUYTJES, DOROTHEA
12920 SW 60 AE
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Delete
NAME **D THOMAS, CURTIS**
STREET ADDRESS **1055 NW 6 AVE**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

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

TITLE ☐ Delete
NAME **PD KEITH, GLORIA**
STREET ADDRESS **21473 SW 91 AVE**
CITY-ST-ZIP **MIAMI FL 33189**

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

TITLE ☐ Delete
NAME **D CRYER, CLARENCE SR**
STREET ADDRESS **18680 SW 200 ST**
CITY-ST-ZIP **MIAMI FL 33187**

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:

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

Date

Daytime Phone #

4/17/03

305-271-0578

CR2E037 (10/02)