

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002867

1. Entity Name\*

AMAR INTERNATIONAL, INC.

Principal Place of Business

3327 FORSYTH ROAD  
WINTER PARK FL 32792

Mailing Address

P.O. BOX 677181  
ORLANDO FL 32867-7181

2. Principal Place of Business

130 State Road 434 W

Suite, Apt. #, etc.

City & State

Winter Springs, FL

Zip

32708

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-2139232

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALACIO, CARLOS E  
1100 MURDOCK BLVD.  
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PALACIO, CARLOS E	
STREET ADDRESS	1100 MURDOCK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GONZALEZ, JACQUELINE	
STREET ADDRESS	1100 MURDOCK BLVD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	URREGO, CONSUELO	
STREET ADDRESS	1608 MIAMI ROAD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PALACIO, JUAN R	
STREET ADDRESS	1608 MIAMI ROAD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos E. Palacio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90085 026 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR 1017 (9/99)