

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009545

1. Entity Name  
AMENA REALTY, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90162 010 \*\*\*150.00

Principal Place of Business 5750 SW 100TH AVENUE COOPER CITY FL 33328	Mailing Address 5750 SW 100TH AVENUE COOPER CITY FL 33328
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2. Principal Place of Business 3600 S STATE RD 7 (441) Suite, Apt. #, etc. 257	3. Mailing Address 5750 SW 100 AVE Suite, Apt. #, etc. PH
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FLORIDA	City & State COOPER CITY FLORIDA	4. FEI Number 65-0981464	Applied For <input type="checkbox"/> Not Applicable
Zip 33023	Country U.S.A	Zip 33328	Country U.S.A
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERINO, MICHAEL H 6741 ORANGE DRIVE DAVE FL 33314	7. Name and Address of New Registered Agent Name HAMAZ-S-MOHAMED Street Address (P.O. Box Number is Not Acceptable) 5750 SW 100 AVE City COOPER CITY FL Zip Code 33328
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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 HAMAZ-S-MOHAMED PRES HAMAZ-S-MOHAMED PRES 1/30/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT MOHAMED, HAMEZ S 5750 SW 100TH AVENUE COOPER CITY FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHAMED, HAMEZ S 5750 SW 100TH AVENUE COOPER CITY FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: HAMAZ-S-MOHAMED HAMAZ-S-MOHAMED 1/30/01 954 983-2250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)