

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 044 ***150.00

DOCUMENT # P00000011385

1. Entity Name

AMIGOS REALTY, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10221 HWY 98 W.

3. Mailing Address

10221 HWY 98 W

Suite, Apt. #, etc.

24

Suite, Apt. #, etc.

24

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-3626427

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

32550

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT KLEIN

Street Address (P.O. Box Number is Not Acceptable)

152 SHORE DRIVE

City

DESTIN

FL

Zip Code

32550

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	ROBERT KLEIN	152 SHORE DRIVE	DESTIN FL 32550
SEC. / TREAS.	LEONORA C. KLEIN	152 SHORE DRIVE	DESTIN, FL 32550

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)