

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90007 008 \*\*\*150.00

**DOCUMENT # P00000018864****1. Entity Name**  
**AMANDIAN, INC.****Principal Place of Business**  
**2449 NE 8TH COURT**  
**POMPANO BEACH FL 33062****Mailing Address**  
**2449 NE 8TH COURT**  
**POMPANO BEACH FL 33062****2. Principal Place of Business**  
**7378 W. ATLANTIC BLVD**  
**Suite, Apt. #, etc.****3. Mailing Address**  
**7378 W. ATLANTIC BLVD**  
**Suite, Apt. #, etc.****City & State**  
**MARGATE, FLORIDA**  
**Zip**  
**33063**  
**Country**  
**USA****City & State**  
**MARGATE, FLORIDA**  
**Zip**  
**33063**  
**Country**  
**USA****4. FEI Number** **65-1010924** **Applied For**  
**Not Applicable****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****FROST, IAN CLIVE**  
**2449 NE 8TH COURT**  
**POMPANO BEACH FL 33062****Name** **FROST, IAN CLIVE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2885 N.W. 69TH AVENUE**  
**City** **MARGATE** **FL** **Zip Code** **33063****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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>PRESIDENT</b> <b>IAN CLIVE FROST</b> <b>2885 NW 69 AVE</b> <b>MARGATE, FL 33063</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>SECRETARY/TREASURER</b> <b>AMANDA ELIZABETH FROST</b> <b>2885 NW 69TH AVE</b> <b>MARGATE, FL 33063</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMANDA E. FROST**

Date

**(954) 970-9711**

Daytime Phone #

CR2E034 (10/00)