

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00600022120

1. Entity Name **A.M.R. COMMUNICATIONS INC**

Principal Place of Business Mailing Address

1655 E. SEMORAN BLVD

APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

PO Box 442893

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

Country

Zip

Country

Orange

34742

080014

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLADYS SOLANO
926 CATHERINE ST.

Kissimmee FL 34742

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

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

TITLE **P.** **Oliver. Tonnes.** ☐ Delete
NAME
STREET ADDRESS **926 CATHERINE ST.**
CITY-ST-ZIP **Kissimmee FL 34742**

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

TITLE **M.P.** **GLADYS SOLANO** ☐ Delete
NAME
STREET ADDRESS **926 CATHERINE ST.**
CITY-ST-ZIP **Kissimmee FL 34742**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Oliver. Tonnes.

51-01-407-980-8892

CR2E034 (11/00)