

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000054938**

1. Entity Name

AMATE CORPORATION FOR STRESS MANAGEMENT**FILED****Mar 20, 2001 8:00 am**
Secretary of State

03-20-2001 90010 047 ***158.75

Principal Place of Business

**409 US HWY. 1, UNIT 210-C
NORTH PALM BEACH FL 33408**

Mailing Address

**409 US HWY. 1, UNIT 210-C
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1028098

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROUSHDI, ADLI
409 US HWY. 1, UNIT 210-C
NORTH PALM BEACH FL 33408**

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 Adli Roushdi Adli Roushdi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-01

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	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
	D	ROUSHDI, ADLI	409 US HWY. 1, UNIT 210-C NORTH PALM BEACH FL 33408	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HILL, JOHN WILLIAM	9993 80TH TERR. LIVE OAK FL 32060	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MITCHELL, WILLIAM DDS	RT. 1, BOX 70 JASPER FL 32052	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ROWELL, DARRIS K	3989 STANLEY LN. S SALEM OR 97302	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Adli Roushdi Adli Roushdi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

561-881-9674

Daytime Phone #

CR2E034 (10/00)