## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000060442 1. Entity Name A.M.D. PLUS INC. 04-17-2001 90002 041 \*\*\*150 00 Principal Place of Business Mailing Address 1750 NE 191TH STREET #D825 1750 NE 191TH STREET #D825 N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address 2331 SW 51ct 2331 S.W. SICT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State LAUDER DALF ORT-LAUDERDALE 65-1018121 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MAGGU DESROSIERS, MAGGY 1750 NE 191TH STREET #D825 N MIAMI BEACH FL 33179 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE DES POSIERS MAGGY DESROSIERS, MAGGY NAME NAME 2331 SW 5114 CT 1750 NE 191TH STREET #D825 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT. LAUDER DALE CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ŞT-ZIP CITY ST-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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