

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000061214

1. Entity Name
AMALGAMATED MANUFACTURING CORPORATION

Principal Place of Business
19101 MYSTIC POINTE DRIVE, APT 706
AVENTURA FL 33180

Mailing Address
19101 MYSTIC POINTE DRIVE, APT 706
AVENTURA FL 33180

2. Principal Place of Business
4507 SHERIDAN AVENUE

3. Mailing Address
4507 SHERIDAN AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number ☒ Applied For
Not Applicable

Zip Country
33140

Zip Country
33140

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

PAYNE TODD SESQ
ZEBERSKY, PAYNE & KUSHNER LLP
4000 HOLLYWOOD BLVD STE 400 NORTH
HOLLYWOOD FL 33021 US

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 _____ DATE 04/29/2001

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 D ☐ Delete
NAME BURSTEIN MARK
STREET ADDRESS 19101 MYSTIC POINTE DRIVE, APT 706
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☒ Change ☐ Addition
NAME BURSTEIN MARK
STREET ADDRESS 4507 SHERIDAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Burstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/29/2001

Date

Daytime Phone #

CR2E034 (11/00)