

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90233 005 ***150.00

DOCUMENT # **P00000071140**

1. Entity Name

Amenue Services Inc

Principal Place of Business

Mailing Address

11224 Isle of Waterbridge #202
Orlando, Florida 32837

2. Principal Place of Business

3. Mailing Address

11224 Isle of Waterbridge

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

Orlando Florida

Zip

Country

Zip

Country

32837

ORANGE

4. FEI Number

19-3681069

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

Johanna Torro
11224 Isle of Waterbridge #202
Orlando, Florida 32837

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 10 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Delete
NAME **Johanna Torro**
STREET ADDRESS **11224 Isle of Waterbridge #202**
CITY-ST-ZIP **Orlando Florida 32837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (408) 855-3818

Date

Daytime Phone #

CR2E034 (11/00)