

9/17/01-90149-042-\$558.75-\$558.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078551
1. Entity Name AMBER GR, INC.

FILED

01 SEP 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3250 MARY STREET STE 306 MIAMI FL 33133		Mailing Address 3250 MARY STREET STE 306 MIAMI FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1032921	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, ALAN W 1110 BRICKELL AVE 7TH FL MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
PSID STEINFURTH, PAUL C 3250 MARY STREET STE 306 MIAMI FL 33133	<input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
	<input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <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: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)