

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/14

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90032 015 \*\*\*150.00

DOCUMENT # **P00000083780**

1. Entity Name

**AMBER INVESTMENTS CORP.,**

Principal Place of Business

Mailing Address

**2895 BISCAYNE BLVD.  
 #392  
 MIAMI FL. 33137**

**SAME**

**47639**

2. Principal Place of Business

3. Mailing Address

**AS ABOVE**

**N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**CORTNY GRIFFITHS  
 1470 N.E. 125th TERRACE  
 APT. 511  
 MIAMI FL. 33161**

Name **JERZY POHLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18939 NW 63rd COURT CIR.**  
 City **MIAMI FL.** Zip Code **33015**

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

**MARCH 12/2001**

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 **EDWARD POTEGA** ☐ Delete  
 NAME  
 STREET ADDRESS **18939 N.W. 63RD COURT CIR.**  
 CITY-ST-ZIP **MIAMI FL. 33015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

**Ed Potege**  
 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

**(12/03/2001) 3054479448**  
**MARCH 12/2001** Daytime Phone #

CR2E034 (11/00)