

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000089584**

1. Entity Name

AMART CONSTRUCTION INC.**FILED**
Aug 09, 2001 8:00 am
Secretary of State

03-28-2001 90200 016 ***150.00

0043585 AV

Principal Place of Business

**7575 W. FLAGLER ST.
SUITE 202-A
MIAMI FL 33144**

Mailing Address

**7575 W. FLAGLER ST.
SUITE 202-A
MIAMI FL 33144**

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

65-1047324

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MARTINEZ, ANDRES
351 N.W. 82ND AVE
#1111
MIAMI FL 33126****7. Name and Address of New Registered Agent**

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
MARTINEZ, ANDRES
351 N.W. 82ND AVE #1111
MIAMI FL 33126**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
MARTINEZ, IVAN
351 N.W. 82ND AVE #1111
MIAMI FL 33126**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**Martinez, Ivan**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 (5/01)

Attachment 11103 # P000006895824

Look for blue background on the front of this check, and the ImageSafe® logo on back. If not present, do not cash.

AMART C INSTRUCTION INC. 01-01 637986 1106
305-279-3434
11470 S.W. 57 TERRACE
MIAMI, FL 33173

PAY TO THE ORDER OF Department of State \$ 150.00
One hundred fifty 00 DOLLARS
Bank of America. 824
ACH R/T 063000047

DATE 03-25-01 63-4/630 FL 1622

FOR _____

MP

⑈001106⑈ ⑆063000047⑆ 00344455108⑈ ⑆0000015000⑆