

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90052 023 \*\*\*150.00

**DOCUMENT # P00000091625**

**1. Entity Name**  
**AMERICAN BMG INCORPORATED**

**Principal Place of Business**

**10763 NW 40TH STREET**  
**SUNRISE FL 33351**

**Mailing Address**

**10763 NW 40TH STREET**  
**SUNRISE FL 33351**

**2. Principal Place of Business**

**8112 NW 73<sup>RD</sup> AVE**

Suite, Apt. #, etc.

**3. Mailing Address**

**8112 NW 73<sup>RD</sup> AVE**

Suite, Apt. #, etc.

**City & State**

**TAMARAC**

**City & State**

**TAMARAC**

**4. FEI Number**

**65-1044132**

**Applied For**

**Not Applicable**

**Zip**

**33321**

**Country**

**BROWARD**

**Zip**

**33321**

**Country**

**BROWARD**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MADAR, GAD**

**10763 NW 40TH STREET**

**SUNRISE FL 33351**

**7. Name and Address of New Registered Agent**

**Name**

**MADAR, GAD**

**Street Address (P.O. Box Number is Not Acceptable)**

**8112 NW 73 AVE**

**City**

**TAMARAC**

**FL**

**Zip Code**

**33321**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 13, 2002 Fee will be \$750.00**  
**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**

**TITLE** **P** ☐ Delete  
**NAME** **MADAR, GAD**  
**STREET ADDRESS** **10763 NW 40TH STREET**  
**CITY-ST-ZIP** **SUNRISE FL 33351**

**TITLE** **VP** ☐ Delete  
**NAME** **MADAR, IRIT**  
**STREET ADDRESS** **10763 NW 40TH STREET**  
**CITY-ST-ZIP** **SUNRISE FL 33351**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:**

**TITLE** **P** ☐ Change ☐ Addition  
**NAME** **MADAR, GAD**  
**STREET ADDRESS** **8112 NW 73 AVE**  
**CITY-ST-ZIP** **TAMARAC, FL 33321**

**TITLE** **VP** ☐ Change ☐ Addition  
**NAME** **MADAR, IRIT**  
**STREET ADDRESS** **8112 NW 73 AVE**  
**CITY-ST-ZIP** **TAMARAC, FL 33321**

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

976328

#P00000091625

AMERICAN BMG INCORPORATED  
8112 NW 73<sup>RD</sup> AVE.  
TAMARAC, FL 33351

August 21, 2002

Department of state  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the notice and only found out about it when my corporation taxes were being prepared. The penalty will create a hardship for my business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2002.

Thank you very much for your help and understanding.

Sincerely,

  
Gad Madar