

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90086 037 ***150.00

DOCUMENT # P01000019787

1. Entity Name
AMK SERVICE ENTERPRISES INC.

Principal Place of Business
8861 SW 142 AVE STE 09-26
MIAMI FL 33186

Mailing Address
8861 SW 142 AVE STE 09-26
MIAMI FL 33186

2. Principal Place of Business
13800 SW 149 Cr. Ln

3. Mailing Address
13800 SW 149 Circle Lane

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country

USA

Zip
33186

Country

USA

4. FEI Number
65-1084994

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

MARQUEZ, ALFREDO R
8861 SW 142 AVE STE 09-26
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Marquez, Alfredo R**
 Street Address (P.O. Box Number is Not Acceptable)
13800 SW 149 Circle Lane # 1
 City **Miami** **FL** Zip Code **33186**

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 *Alfredo R Marquez*
Signature typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/06/02
 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 1, 2002 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

TITLE **D** ☐ Delete
 NAME **MARQUEZ, ALFREDO R**
 STREET ADDRESS **8861 SW 142 AVE STE 09-26**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Alfredo R Marquez **ALFREDO R. MARQUEZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/02
 Date

786 306 2465
 Daytime Phone #

CR2E034 (9/01)