

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P01000021762

1. Entity Name
AMCA CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 26 PM 4:21

Principal Place of Business Mailing Address

2. Principal Place of Business 13255 SW 88 LN
3. Mailing Address 13255 SW 88 LN

Suite, Apt. #, etc. 109

City & State **MIAMI FLORIDA**

Zip **33122 USA**

4. FEI Number **65-1091919** 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

7. Name and Address of New Registered Agent

Name **MOLINA, ALVARO**
Street Address (P.O. Box Number is Not Acceptable) **13255 SW 88 LN**
SUITE # 9
City **MIAMI** State **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 *[Signature]* Date **4/2/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLINA, ALVARO	
STREET ADDRESS	13255 SW 88 LN STE # 109	
CITY - ST - ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600005451696	
STREET ADDRESS	-05/06/02--01006--01	
CITY - ST - ZIP	****158.75 ****158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date **4/2/02** Daytime Phone #

CREATED (8/99) 2 75