2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022267

1. Entity Name
A.M.P., LLC

FILED
01 JUN 21 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
WEST PALM BEACH	6687 42ND TERRACE NORTH UNIT B. WEST PALM BEACH FLA. 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
WEST PALM BEACH	6687 42ND TERRACE. NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT B
City & State	City & State WEST PALM BEACH FLORIDA
Zip 33407 Country PALM BEACH	Zip 33407 Country U.S.A

4. FEI Number 65-1041798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID A. PALEY 2727 SOUTH OCEAN BLVD. APT. 506 HIGHLAND BEACH FL. 33487	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DAVID A. PALEY 2727 S. OCEAN BLVD. APT 506 HIGHLAND BEACH FLA. 33487	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT BRETT J. PRINZ 4683 LILAC STREET P.B.G. FLA. 33410	☐ Delete	200004452402--1 -06/29/01--01097--023 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200004452402--1 -06/29/01--01097--023 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David A Paley 5/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date