FOR PROFIT OF PORTION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1 000025369 03 JUL 16 PM 1:25 AMT Asset Management Corporation SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 225 N.E. Mizner Blue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 1081658 Not Applicable Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent -DO NOT-WRITE Mizner IN THIS SPACE 8. The above named onlity 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: Registared Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. THE NAME NAME - Mizner Blue SolleGA 50002052665 06/04/03--01053--005 ** STREET ADDRESS STREET AUDRECS: CITY-ST-ZIP CHY-ST-7IP FL 33432 HE THE 500020526655 07/18/03-01079-027 **150.00 NAME NAME NE MIZNET Blud Suite 6351 NAME STREET ADDRESS STREET ADDRESS FL 33432 CITY-ST-ZIP CHY-ST-7IH THE THE NAME NAME STREET ADDRESS STRUCT ADDRESS DO NOT WRITE CHY-SI-ZIP CHY-ST-ZIP TITLE THE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ŽIP CLTY-ST-ZIP HILE TITLE NAME NAMÉ SIRFET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP TITLE TITLE NAME NAME . L. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 12. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE:

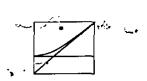
SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIG



AMT Asset Management Corp

225 NE Mizner Blvd Suite 675-D Boca Raton, FL 33432

561-672-5100 Fax 561-672-5101

May 14, 2003

è.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Document #: P01000025369 RE:

Entity Name: AMT Asset Management Corp.

To Whom It May Concern:

Enclosed is the Uniform Business Report for the listed entity. This form has not been filed due to non-receipt of previous Uniform Business Report. Please waive any late fees or penalty due to prior notices not being received.

Enclosed is a check for the \$150.00.

Thank you for your prompt attention in this matter.

Sincerely yours, Jeffrey Gerstel -President