

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91141 030 \*\*\*150.00  
 05-29-2002 90707 046 \*\*\*150.00

**DOCUMENT # P01000030067**

**1. Entity Name**  
**AMPHORA INTERNATIONAL, INC.**

**Principal Place of Business**  
**11380 PROSPERITY FARMS RD. STE 112**  
**PALM BEACH GARDENS FL 33410**

**Mailing Address**  
**11380 PROSPERITY FARMS RD. STE 112**  
**PALM BEACH GARDENS FL 33410**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

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

**FAIRCLOUGH, MICHAEL J**  
**11380 PROSPERITY FARMS RD, STE 112**  
**PALM BEACH GARDENS FL 33410**

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

**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**

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

**TITLE** **D** ☐ Delete  
**NAME** **ARGIC, A SEDAR**  
**STREET ADDRESS** **2001 PALM BEACH LAKES BLVD, STE 300MM**  
**CITY-ST-ZIP** **W PALM BEACH FL 33409**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **ARGIC, A. SERDAR**  
**STREET ADDRESS** **6401 WILLOUGHBY CIRCLE**  
**CITY-ST-ZIP** **LAKE WORTH, FL. 33463**

**TITLE** **D** ☐ Delete  
**NAME** **ARGIC, SIBEL**  
**STREET ADDRESS** **2001-PALM BEACH LAKES BLVD, STE 300MM**  
**CITY-ST-ZIP** **W PALM BEACH FL 33409**

**TITLE** ☒ Change ☐ Addition  
**NAME** **6401 WILLOUGHBY CIRCLE**  
**STREET ADDRESS** **LAKE WORTH, FL. 33463**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **GJINI, SPARTAK**  
**STREET ADDRESS** **2001 PALM BEACH LAKES BLVD, STE 300MM**  
**CITY-ST-ZIP** **W PALM BEACH FL 33409**

**TITLE** ☒ Change ☐ Addition  
**NAME** **6401 WILLOUGHBY CIRCLE**  
**STREET ADDRESS** **LAKE WORTH, FL. 33463**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**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:** **A. SERDAR ARGIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/02 (561)439-5382**

Date

Daytime Phone #

CR2E034 (9/01)