

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90051 044 ***150.00

DOCUMENT # P01000035255

1. Entity Name
AMCO USA, INC.

Principal Place of Business

**7215 NW 31ST LANE
MIAMI FL 33122**

Mailing Address

**7215 NW 31ST LANE
MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

7455 NW 41 ST

7455 NW 41 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1092802

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

**LEE, CHUN K
7215 NW 31ST LANE
MIAMI FL 33122**

Name

Street Address (P.O. Box Number is Not Acceptable)

7455 NW 41 ST

City

Miami

FL

Zip Code

33166

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

1/8/02

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 **PD** ☐ Delete
NAME **LEE, CHUN KWONG**
STREET ADDRESS **7215 NW 31ST LANE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **7455 NW 41 ST**
STREET ADDRESS **Miami FL 33166**
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **LEE, KAROLINE K**
STREET ADDRESS **7215 NW 31ST LANE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **7455 NW 41 ST**
STREET ADDRESS **Miami FL 33166**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)