

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 049 ***150.00

DOCUMENT # P01000036113

1. Entity Name
AMR REALTY, INC.



Principal Place of Business
**C/O ANNA RENIER
7615 HARDING AVE.
MIAMI BEACH, FL 33141 US**

Mailing Address
**C/O ANNA RENIER
P.O. BOX 402541
MIAMI BEACH, FL 33140 US**

10089277



2. Principal Place of Business
2500 FLAMINGO DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 402541
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH, FL
Zip
33140
Country
DADE

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MIAMI BEACH, FL
Zip
33140
Country
DADE

4. FEI Number
65-1096792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, EUGENE J
1111 LINCOLN RD
FOURTH FLOOR
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name **HOWARD, EUGENE J**
Street Address (P.O. Box Number is Not Acceptable)
1111 LINCOLN RD
FOURTH FL.
City **MIAMI BEACH FL** Zip Code **33139**

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. 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: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **P** ☐ Delete
NAME **RENIER, ANNA**
STREET ADDRESS **P.O. BOX 402541**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Renier ANNA RENIER

Date

Daytime Phone #

4/24/03 (305) 9683807

CR2E034 (10/02)