

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000061135

FILED
Feb 02, 2002 8:00 AM
Secretary of State

Entity Name: AMCM MULTI SERVICES, INC.

Current Principal Place of Business:

1129 W 41 PLACE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1129 W 41 PLACE
HIALEAH, FL 33012

New Mailing Address:

305 SW 12TH AVE
MIAMI, FL 33130

FEI Number: 65-1116815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVES, ROSARIO
9190 NW 114 TERRACE
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIVES, ROSARIO
Address: 9190 NW 114 TERRACE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD () Delete
Name: SOARES DE AZEVEDO, AFONSO
Address: 1129 W 41 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: SOARES DE AZEVEDO, MARIA
Address: 1129 W 41 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: SOARES DE AZEVEDO, MIRIAM
Address: 1129 W 41 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SOARES DE AZEVEDO, CLAUDIA
Address: 1129 W 41 PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AFONSO SOARES DE AZEVEDO

VD

02/02/2002

Electronic Signature of Signing Officer or Director

_____ Date