

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90033 007 \*\*\*150.00

**DOCUMENT #** P01000067995

**1. Entity Name**

AMG OF MIAMI A MULTI SERVICE  
GROUP INC

**DO NOT WRITE IN THIS SPACE**

B0058594

**2. Principal Place of Business**

6190 NW 173 St - 611

**3. Mailing Address**

6190 NW 173 St -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI FL

**City & State**

MIAMI FL

**4. FEI Number**

65-1120938

**Applied For**

Not Applicable

**Zip**

33015

**Country**

EUA

**Zip**

33015

**Country**

EUA

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

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

**Name**

JHOBANNA CASTILLO

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

6190 NW 173 St - 611

**City**

MIAMI

**FL**

**Zip Code**

33015

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**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)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

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**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

JHOBANNA CASTILLO  
6190 NW 173 St - 611  
MIAMI FL 33015

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

3/26/02

786-201-9979

CR20034B (12/01)