FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91465 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067995

1. Entity Name
AMG OF MIAMI, A MULTI-SERVICE GROUP, INC.

Principal Place of Business	Mailing Address
6190 NW 173 ST.-611 MIAMI, FL 33015	6190 NW 173 ST.-611 MIAMI, FL 33015

2. Principal Place of Business	3. Mailing Address
8444 NW 141st Terrace	8444 NW 141st Terrace
Suite, Apt. #, etc. 3902	Suite, Apt. #, etc. 3902
City & State MIAMI LAKES FL	City & State MIAMI LAKES FL
Zip 33016 Country	Zip 33016 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1120938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CASTILLO, JHOBANNA
6190 NW 173 ST.-611
MIAMI, FL 33015

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jhobanna Castillo President 4/25/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CASTILLO, JHOBANNA 6190 NW 173 ST.-611 MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] President 786-201-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #