

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90239 047 ***150.00

DOCUMENT # P01000072284

1. Entity Name
AMS BOOKKEEPING SERVICES, INC.

Principal Place of Business 230 NE 60 STREET FORT LAUDERDALE FL 33334	Mailing Address 230 NE 60 STREET FORT LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1123114		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G. JR 230 NE 60 STREET FORT LAUDERDALE FL 33334				7. Name and Address of New Registered Agent Name Ana M. Peluso Street Address (P.O. Box Number is Not Acceptable) 230 N.E. 60th Street City Fort Lauderdale FL Zip Code 33334			
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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: *Ana M. Peluso* DATE: **1/12/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME D SANCHEZ, ANA M.	<input type="checkbox"/> Delete		TITLE NAME Ana M. Peluso	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 230 NE 60 STREET			STREET ADDRESS 230 NE. 60th Street		
CITY-ST-ZIP FORT LAUDERDALE FL 33334			CITY-ST-ZIP Fort Lauderdale, FL 33334		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Ana M. Peluso* DATE: **1/12/02** (954) 366-3471
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)