

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91834 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081814

1. Entity Name

A. M. ACQUISITIONS AND MERGERS INC



DO NOT WRITE IN THIS SPACE

80113393

2. Principal Place of Business
9755 SE 56 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
SAME

4. FEI Number 02-0554214

Applied For
Not Applicable

Zip
33165

Country
DADE

Zip
SAME

Country
SAME

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ADOLFO MIRABAL

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

9755 SW 56 ST

City MIAMI

FL Zip Code 33165

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PRESIDENT
ADOLFO MIRABAL
P O BOX 5824

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

305-225-1012

Date

Daytime Phone #

CR2E034B (12/02)