

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90165 018 ***150.00

DOCUMENT # P01000082035

1. Entity Name

A M AMOBLAMIENTOS CORPORATION



Principal Place of Business

Mailing Address

2075 NE 164TH ST APT 405
NORTH MIAMI FL 33162

2. Principal Place of Business

16909 NORTH BAY Rd

3. Mailing Address

16909 NORTH BAY Rd.

Suite, Apt. #, etc.

APT 211

Suite, Apt. #, etc.

APT 211

City & State

SUNNY ISLE FL

City & State

SUNNY ISLE FL

Zip
33160

Country

Zip

33160

Country

4. FEI Number

65-132909

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARQUEZ, MIGUEL A
2075 NE 164TH St Apt 405
NORTH MIAMI FL 33162

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

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

TITLE PD
NAME MARQUEZ, MIGUEL A
STREET ADDRESS 2075 NE 164TH ST APT 405
CITY-ST-ZIP NORTH MIAMI FL 33162

TITLE V.P.
NAME AHUMADA, SILVIA
STREET ADDRESS 2075 NE 164th. st APT 405
CITY-ST-ZIP NORTH MIAMI FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARQUEZ, MIGUEL A.
STREET ADDRESS 16909 NORTH BAY Rd. APT 211
CITY-ST-ZIP SUNNY ISLE FL 33160

TITLE V.P.
NAME AHUMADA, SILVIA
STREET ADDRESS 16909 NORTH BAY Rd. APT. 211
CITY-ST-ZIP SUNNY ISLE FL 33160

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Silvia Ahumada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

55044919

