

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91546 040 ***150.00

DOCUMENT # P01000096660

1. Entity Name

AM TRADE INTERIORS INC.

Principal Place of Business

**18241 SW 18 ST.
 MIRAMAR FL 33029**

Mailing Address

**18241 SW 18 ST.
 MIRAMAR FL 33029**

2. Principal Place of Business

18241 SW 18 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR FL.

City & State

4. FEI Number

65-1155069

☒ Applied For
☐ Not Applicable

Zip

33029

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LONEL, FLORIN
 18241 SW 18 ST.
 MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

IONEL. FLORIN SELEGAN

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

18241 SW 18 ST

City **MIRAMAR**

FL

Zip Code **33029**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7th JAN 2002

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

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

TITLE **PRESIDENT (OWNER)** ☒ Delete
 NAME **FLORIN, IONEL SELEGAN**
 STREET ADDRESS **18241 SW 18 ST**
 CITY-ST-ZIP **MIRAMAR 33029 FL.**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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)(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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 441-4560

CR2E034 (9/01)