

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90002 022 \*\*\*150.00

**DOCUMENT # P01000110138**

**1. Entity Name**  
**AMCO INVESTMENT, CORP.**

**Principal Place of Business**  
**7215 NW 31ST LANE**  
**MIAMI FL 33122**

**Mailing Address**  
**7215 NW 31ST LANE**  
**MIAMI FL 33122**

**2. Principal Place of Business**  
**7455 NW 41 ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**7455 NW 41 ST**  
 Suite, Apt. #, etc.

**City/State** **Miami FL**  
**Zip** **33166** **Country** **USA**

**City/State** **Miami FL**  
**Zip** **33166** **Country** **USA**

**4. FEI Number**  
**65-1155620**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**LEE, CHUN KWONG**  
**7215 NW 31ST LANE**  
**MIAMI FL 33122**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7455 NW 41 ST**  
**City** **Miami** **FL** **Zip Code** **33166**

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

(NOTE: Registered Agent signature required when reinstating)

**1/8/02**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **PD** ☐ **Delete**  
**NAME** **LEE, CHUN KWONG**  
**STREET ADDRESS** **7215 NW 31ST LANE**  
**CITY-ST-ZIP** **MIAMI FL 33122**

**TITLE** **STD** ☐ **Delete**  
**NAME** **LEE, KAROLINE KWAN**  
**STREET ADDRESS** **7215 NW 31ST LANE**  
**CITY-ST-ZIP** **MIAMI FL 33122**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
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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** **7455 NW 41 ST**  
**STREET ADDRESS** **Miami FL 33166**  
**CITY-ST-ZIP**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** **7455 NW 41 ST**  
**STREET ADDRESS** **Miami FL 33166**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02** **305 593 9168**  
 Date Daytime Phone #

0102223 AV

CR2E034 (9/01)