


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 004 ***150.00

DOCUMENT # P01000118534

1. Entity Name
AMC PROPERTY MANAGEMENT CORP.



Principal Place of Business
~~1320 SOUTH DIXIE HIGHWAY SUITE 200~~
~~CORAL GABLES FL 33146~~

Mailing Address
~~1320 SOUTH DIXIE HIGHWAY SUITE 200~~
~~CORAL GABLES FL 33146~~



2. Principal Place of Business
2475 Brickell Ave.

Suite, Apt. #, etc.
N° 1510 Apt.

City & State
Miami FL.

Zip
33129

Country

3. Mailing Address
2475 Brickell Ave

Suite, Apt. #, etc.
Apt. 1510

City & State
Miami FL.

Zip
33129

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
1320 SOUTH DIXIE HIGHWAY SUITE 280
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
ASTRID PASCHALIDES

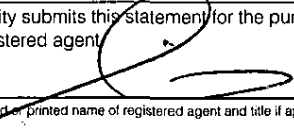
Street Address (P.O. Box Number is Not Acceptable)
2475 BRICKELL AVE. N° 1510

City
Miami

State
FL

Zip Code
33129

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  **ASTRID PASCHALIDES** **4/2/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	D PASCHALIDES, ASTRID 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASCO, ANA MARIA 1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2475 BRICKELL AVE. APT. N° 1510 Miami, FL. 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2475 Brickell Ave. Apt. 1510 Miami, FL. 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Astrid Paschalides Dir** **4/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)