

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90109 020 ***150.00

DOCUMENT # **P 01000119185**

1. Entity Name

AMDG POMPAHO, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4945 Northwest 116th Avenue

Suite, Apt. #, etc.

3. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

6550 NORTH FEDERAL Highway SUITE 522

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

32-0001986

Applied For

Not Applicable

Zip

33076-3206

Country

US

Zip

33308-1404

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH P. SANTORO

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

4945 NORTHWEST 116th AVENUE

City

CORAL SPRINGS

FL

Zip Code

33076-3206

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IN THIS SPACE**

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 **VP/STP**
NAME **SANTORO, EARLINE R.**
STREET ADDRESS **4945 NORTHWEST 116th AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076-3206**

TITLE **PITP**
NAME **SANTORO, JOSEPH P.**
STREET ADDRESS **4945 NORTHWEST 116th AVENUE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076-3206**

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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 all other information empowered.

SIGNATURE:

Joseph P. Santoro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 JOSEPH P. SANTORO 954-522-2222

Date

Daytime Phone #

CR2E034B (12/02)