FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91201 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122355

1. Entity Name

AMAZON MANAGEMENT INC.

DO NOT WRITE IN THIS SPACE

B0124239

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2. Principal Place of Business	3. Mailing Address
12700 BISCAYNE BLVD.	12700 BISCAYNE BLVD.
Suite, Apt. #, etc. 204	Suite, Apt. #, etc. 204
City & State N. MIAMI FL.	City & State N. MIAMI FL.
Zip 33181 Country USA	Zip 33181 Country USA

4. FEI Number 65-0731075 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID LAWRENCE

Street Address (P.O. Box Number is Not Acceptable): 6400 N. ANDRES AVE. #320

City: Ft. LAUDERDALE FL Zip Code: 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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

If January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES.
NAME	JOSE R. SANCHEZ
STREET ADDRESS	12700 BISCAYNE BLVD #204
CITY-ST-ZIP	N MIAMI FL. 33181
TITLE	SEC. TREAS.
NAME	CLAUDIA MORILLO
STREET ADDRESS	12700 BISCAYNE BLVD. #204
CITY-ST-ZIP	N. MIAMI, FL. 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/31/02 305 892 1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #