

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90048 009 ***150.00

DOCUMENT # P01000122355

1. Entity Name
AMAZON MANAGEMENT, INC.



Principal Place of Business
**12700 BISCAYNE BLVD.
MIAMI FL 33181**

Mailing Address
**12700 BISCAYNE BLVD.
MIAMI FL 33181**

2. Principal Place of Business
12700 Biscayne Blvd.

3. Mailing Address

Suite, Apt. #, etc. **#204**

Suite, Apt. #, etc. **#204**

City & State
Miami FL.

City & State

Zip **33181** Country **U.S.A.**

Zip Country

4. FEI Number **65-0731075**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, DAVID R
6400 N. ANDREWS AVE., STE. 320
FT. LAUDERDALE FL 33309**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SANCHEZ, JOSE**
STREET ADDRESS **12700 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE **DST** ☐ Delete
NAME **MORELLO, CLAUDIA**
STREET ADDRESS **12700 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
NAME **Please correct name**
STREET ADDRESS **CLAUDIA MORILLO**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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: ~~SIGNATURE REQUIRED~~ JOSE R. SANCHEZ 1-6-03 305-7751619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0311808 AV

CR2E034 (10/02)