

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91014 038 \*\*\*150.00

**10046581**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P02000008997  
**1. Entity Name**  
 AMIZADE, INC

**Principal Place of Business**  
 3104 NW 60TH STREET  
 BOCA RATON FL 33496

**Mailing Address**  
 210 BRANDT ROAD BLDG E  
 LAKE PARK FL 33403

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country  
 33496 PALM BEACH

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country  
 33403 PALM BEACH

**4. FEI Number**  
 01-0652400

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ROBERT A HUTH JR P.L.  
 2300 GLADES ROAD SUITE 260  
 BOCA RATON FL 33431

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

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

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

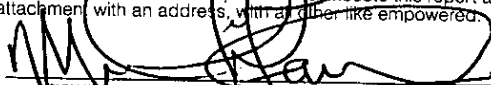
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT FLORENCE CURY 3104 NW 60TH STREET BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE PRESIDENT MICHAEL R FITZMAURICE 210 BRANDT ROAD BLDG E LAKE PARK FL 33403	<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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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

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 a power of attorney.

**SIGNATURE:**  **DATE:** 3/17/03

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

CR2E034 (9/99)