2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90307 012 ***150.00

0405305 AV

DOCUMENT # P02000009914

1. Entity Name
AMMA SUPPLY & SERVICES, INC.

Principal Place of Business	Mailing Address
22210 FRESNO TERRACE BOCA RATON FL 33433	22210 FRESNO TERRACE BOCA RATON FL 33433

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22224 FRESNO TERRACE	22224 FRESNO TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. FEI Number 01-0584394 ☐ 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
GBS CONSULTANTS 1290 WESTON RD SUITE 210 WESTON FL 33326	Name: THOMAS R. HERRERA Street Address (P.O. Box Number is Not Acceptable): 1250 E HALLANDALE BCH BLVD #1004 City: HALLANDALE FL Zip Code: 33009

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 Thomas R Herrera — 04/28/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIKHOR, SALOMON 22210 FRESNO TERRACE BOCA RATON FL 33433	☐ Delete	PD MAIKHOR, SALOMON 22224 FRESNO TERRACE BOCA RATON, FL 33433	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AMRAM, VICTOR 22210 FRESNO TERRACE BOCA RATON FL 33433	☑ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIRED — 04/28/03 — 954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)