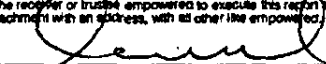


FILED
Sep 12, 2003 8:00 am
Secretary of State

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04-28-2003 91435 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000014502		
1. Entity Name A M ENTERPRISES OF CENTRAL FLORIDA, INC.		
Principal Place of Business 8800 OAK LANDINGS ORLANDO, FL 32836		Mailing Address 8800 OAK LANDINGS ORLANDO, FL 32836
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent QURESHI, MOHAMMAD 8800 OAK LANDINGS ORLANDO, FL 32836		4. FBI Number 74-3027009 Applied For Not Applicable
5. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required
6. 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.		7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
SIGNATURE 		DATE
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Delete] ☐		[Change] ☐ [Addition] ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Delete] ☐		[Change] ☐ [Addition] ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Delete] ☐		[Change] ☐ [Addition] ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 190.07(3)(a), 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 I/we empowered.		
SIGNATURE: 		04-24-03