

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 003 ***158.75

DOCUMENT # P02000033832

1. Entity Name

THE AMD GROUP, INC.



DO NOT WRITE IN THIS SPACE

10090748

2. Principal Place of Business
1744 W. Oakland Park Blvd.

3. Mailing Address
1744 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33311-1516

Country
USA

Zip
33311-1516

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Myrtho Charles

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

1744 W. Oakland Park Blvd.

City Ft. Lauderdale

FL

Zip Code
33311-1516

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

Myrtho Charles

04-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Myrtho Charles, D / P
1744 W. Oakland Park Blvd
Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Gina Pierre, M / V
1744 W. Oakland Park Blvd.
Ft. Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

Myrtho Charles

Director & President

04-10-03

(954) 733-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)