

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-17-2003 90225 012 \*\*\*150.00  
P02000035659

DOCUMENT # P02000035659

1. Entity Name  
AMAZING SAVINGS REALTY, INC.



03 OCT 10 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3900 N HILLS DR #216  
HOLLYWOOD FL 33021

Mailing Address  
3900 N HILLS DR #216  
HOLLYWOOD FL 33021



2. Principal Place of Business

5707 Sheridan St  
Suite, Apt. #, etc.  
Hollywood

3. Mailing Address

5707 Sheridan St  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hollywood FL  
Zip 33021 Country USA

City & State

Hollywood FL  
Zip 33021 Country USA

4. FEI Number

01-0667093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERN, TAMMY  
3900 N HILLS DR #216  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
4704 N. 39th St

City

Hollywood

FL

Zip Code

33021

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.

TAMMY STERN

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

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

TITLE NAME P SARA HEIR ☐ Delete  
STREET ADDRESS 4851 SARAZEN DR  
CITY-ST-ZIP Hollywood FL 33021

TITLE NAME VTAMMY STERN ☐ Delete  
STREET ADDRESS 4704 N. 39th St  
CITY-ST-ZIP Hollywood FL 33021

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMMY STERN

4/15/03

Date

954-964-2332

Daytime Phone #

CR2E034 (10/02)