

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90222 045 ***150.00

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DOCUMENT # P02000047869

1. Entity Name

AMC GUNSHOP AND POLICE EQUIPMENT, INC.



Principal Place of Business

~~6915 NW 77 AVENUE~~
MIAMI FL 33166

old

Mailing Address

~~6915 NW 77 AVENUE~~
MIAMI FL 33166

old

2. Principal Place of Business

1800 W 68 ST

new

3. Mailing Address

1800 W 68 ST

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

125

City & State

Hialeah FLA

City & State

Hialeah FL

Zip

33014

Country

USA

Zip

33014

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-2999970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACUNA, MARIA
14470 SW 43 TERRACE
MIAMI FL 33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ACUNA, MARIA	
STREET ADDRESS	14470 SW 43 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPOAMOR, AMANDO	
STREET ADDRESS	14470 SW 43 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACUNA, MARIVI M	
STREET ADDRESS	14470 SW 43 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

305 818-9722

Date

Daytime Phone #

CR2E034 (10/02)