

FILED  
May 27, 2003 8:00 am  
Secretary of State

04-21-2003 90381 013 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079100

1. Entity Name  
AMINO SOLUTIONS, INC.



55044191

Principal Place of Business  
4414 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313

Mailing Address  
4414 WEST OAKLAND PARK BOULEVARD  
LAUDERDALE LAKES, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **71-0947464**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WEINER, RICHARD M  
200 S.E. SIXTH STREET, SUITE 100E  
FORT LAUDERDALE, FL 33301

Name **Annette Booth**  
Street Address (P.O. Box Number is Not Acceptable)  
**4414 West Oakland Park Blvd**  
City **Lauderdale Lakes** FL Zip Code **33313**

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

*Annette Booth*

(NOTE: Registered Agent signature required when submitting)

4/14/03

DATE

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          | DP                               | <input type="checkbox"/> Delete |
| NAME           | BOOTH, ANNETTE                   |                                 |
| STREET ADDRESS | 4414 WEST OAKLAND PARK BOULEVARD |                                 |
| CITY-ST-ZIP    | LAUDERDALE LAKES, FL 33313       |                                 |
| TITLE          | DT                               | <input type="checkbox"/> Delete |
| NAME           | BOOTH, BEVERLY                   |                                 |
| STREET ADDRESS | 4414 WEST OAKLAND PARK BOULEVARD |                                 |
| CITY-ST-ZIP    | LAUDERDALE LAKES, FL 33313       |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 19.07(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:

*Annette Booth*

Annette Booth

4/14/03

957749155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Capture Stamp #

CH2334 (10/02)