

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000102503

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: AMALGAMATED RESOURCES INVESTMENTS CORP.

## Current Principal Place of Business:

292 SOUTH COUNTY ROAD  
SUITE 109  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

292 SOUTH COUNTY ROAD  
SUITE 109  
PALM BEACH, FL 33480

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMPADARUTH, AMAL  
292 SOUTH COUNTY ROAD  
SUITE 109  
PALM BEACH, FL 33480

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: RAMPADARUTH, AMAL MR.  
Address: 292 SOUTH COUNTY ROAD #109  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: RAMPADARUTH, AMAL MR.  
Address: 292 SOUTH COUNTY ROAD #109  
City-St-Zip: PALM BEACH, FL 33480

Title: SCFO ( ) Delete  
Name: RAMPADARUTH, JADOOMANEE MR.  
Address: 292 SOUTH COUNTY ROAD #109  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: RAMPADARUTH, JADOOMANEE MR.  
Address: 292 SOUTH COUNTY ROAD #109  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMPADARUTH AMAL

D

04/15/2003

Electronic Signature of Signing Officer or Director

Date