

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

7/1

07-14-2003 90169 022 \*\*\*550.00

DOCUMENT # P02000114246

1. Entity Name  
AMGD, INC.

Principal Place of Business  
2905 NW 109TH AVE  
MIAMI FL 33172

Mailing Address  
2905 NW 109TH AVE  
MIAMI FL 33172

2. Principal Place of Business  
7221 CORAL WAY

3. Mailing Address  
7221 CORAL WAY

7203

7203

MIAMI FL.

MIAMI

33155

U.S. of A.

33155

U.S. of A.

☐ CHECK HERE IF MAKING CHANGES

4. FEL Number  
508007130

Applied For  
Not Applicable

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

HARRIS, ELLIOTT  
111 SW 3RD STREET 6TH FLOOR  
MIAMI FL 33130

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP  
NAME MORALES, DAVID  
STREET ADDRESS 2905 NW 109TH AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE NAME  
NAME MORALES, G. DAVID  
STREET ADDRESS 7221 CORAL WAY, #203  
CITY-ST-ZIP MIAMI, FL. 33155

TITLE DVS  
NAME MARANGES, RAMON  
STREET ADDRESS 10881 NW 29TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME MARANGES, MIGUEL A  
STREET ADDRESS 10881 NW 29TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME HARRIA, ELLIOTT  
STREET ADDRESS 111 SW 3RD STREET SIXTH FLOOR  
CITY-ST-ZIP MIAMI FL 33130

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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 employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)