

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90074 024 ***150.00

DOCUMENT # P02000117163

1. Entity Name
AMDAMAR PF 24, CORP.



Principal Place of Business
13784 N.W. 19TH STREET
PEMBROKE PINES FL 33028

Mailing Address
13784 N.W. 19TH STREET
PEMBROKE PINES FL 33028

2. Principal Place of Business
1511 N.W. 139th AVE.

3. Mailing Address
1511 N.W. 139th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES / FLORIDA

City & State
PEMBROKE PINES / FLORIDA

Zip
33028

Country
USA

Zip
33028

Country
USA

4. FEI Number
32-00 41770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARRERO, JOSE C
1820 N. CORPORATE LAKES BLVD.
SUITE # 105
WESTON FL 33326

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, 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PLATA NAVAS, AMBROSIO**
STREET ADDRESS **13784 N.W. 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **S** ☐ Delete
NAME **REDONDO RIASCOS, MARIA FERNANDA**
STREET ADDRESS **13784 N.W. 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **V** ☐ Delete
NAME **Pepe Gnecro**
STREET ADDRESS **1511 NW 139th Ave.**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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

Date

Daytime Phone #

CR2E034 (10/02)

4/7/03 (954) 801-1845