

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90172 009 ***150.00

DOCUMENT # P02000127246

1. Entity Name
AMICUS DEVELOPMENT CORPORATION



Principal Place of Business
2100 WEST 76TH STREET SUITE 510
HIALEAH FL 33016

Mailing Address
PO BOX 661272
MIAMI SPRINGS FL 33266-1272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ **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

BARTOLONE, ALDO G JR
5TH FLOOR, SOUTH TRUST TOWER
ONE EAST BROWARD BLVD
FORT LAUDERDALE FL 33301

Name **BARTOLONE, ALDO G JR**

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. 3RD AV. Suite # 1100

City **FT. LAUDERDALE**

FL

Zip Code **33394**

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 **CEO** ☐ **Delete**
NAME **BARTOLONE, VICTORIA**
STREET ADDRESS **2100 WEST 76TH STREET SUITE 510**
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE **P** ☐ **Delete**
NAME **BARTOLONE, ALDO**
STREET ADDRESS **2100 WEST 76TH STREET SUITE 510**
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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

4/9/03 954-349-1445

CR2E034 (10/02)