

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013899

1. Entity Name

ASSOCIATES MANAGEMENT AND CONSULTANT GROUP, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90086 041 ***150.00

Principal Place of Business

Mailing Address

65 NE 27TH ST
MIAMI FL 33137
US

65 NE 27TH ST
MIAMI FL 33137-4409
US

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

65-0415688

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

AMOROS, ALBERTO
SUITE 1107, TWO DATRAN CENTER
9130 SOUTH DADELAND BLVD.
MIAMI FL 33156-7848

Name

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

City

FL

Zip Code

33156-7848

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	BIGGAR, ROBERT G	65 NE 27TH STREET MIAMI FL 33137				
	JOHANTOEN, PETER	65 NE 27TH STREET	MIAMI FL 33137				
	DS	BIGGAR, BRADLEY C	65 NE 27TH STREET MIAMI FL 33137				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President. 1.8.99 305 516 3004

Date

Daytime Phone #

CR2E034 (9/99)