

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0219261 AV

DOCUMENT # P93000013899

1. Entity Name
ASSOCIATES MANAGEMENT AND CONSULTANT GROUP, INC.

04-29-2002 90202 008 ***150.00

Principal Place of Business

65 NE 27TH ST
 MIAMI FL 33137
 US

Mailing Address

65 NE 27TH ST
 MIAMI FL 33137
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16145 NW 64TH AVE.
 Suite, Apt. #, etc.
 125

3. Mailing Address

PO BOX 170186
 Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FLORIDA

4. FEI Number

65-0415688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33014

USA

33017-0186

USA

6. Name and Address of Current Registered Agent

AMOROS, ALBERTO
 SUITE 1607, TWO DATRAN CENTER
 9130 SOUTH DADELAND BLVD.
 MIAMI FL 33156-7851

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.

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	BIGGAR, ROBERT G	65 NE 27TH STREET	MIAMI FL 33137	<input type="checkbox"/>
DS	BIGGAR, BRADLEY C	65 NE 27TH STREET	MIAMI FL 33137	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	BIGGAR, ROBERT G	16145 NW 64TH AVE. APT 125	MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	BIGGAR, JACQUELINE D.	16145 NW 64TH AVE. APT 125	MIAMI LAKES, FL. 33014	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/02 (305)556-2717

Date

Daytime Phone #