

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90126 029 ***150.00

DOCUMENT # P93000013899

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



Principal Place of Business
**16145 NW 64TH AVE.
125
MIAMI LAKES FL 33014
US**

Mailing Address
**P O BOX 170186
HIALEAH FL 33017-0186
US**

2. Principal Place of Business

3. Mailing Address

3258 BELLFLOWER WAY

PO BOX 5456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND, FLORIDA

City & State

LAKE LAND, FLORIDA

Zip

33811

Country

USA

Zip

33807-5456

Country

USA

4. FEI Number

65-0415688

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

**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. 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

TITLE **OP** ☐ Delete
NAME **BIGGAR, ROBERT G**
STREET ADDRESS **16145 NW 64TH AVE. APT 125**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **DS** ☐ Delete
NAME **BIGGAR, JACQUELINE D**
STREET ADDRESS **16145 NW AVE APT 125**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 #

ROBERT BIGGAR 04/08/03 863-644-2469

CR2E034 (10/02)