

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90314 050 ***150.00

DOCUMENT # P93000034386

1. Entity Name

AMKGS REGISTERED AGENTS, INC.

Principal Place of Business

Mailing Address

**ONE S.E. THIRD AVE.,
 SUITE 1980
 MIAMI FL 33131**

**ONE S.E. THIRD AVE.,
 SUITE 1980
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

ONE SE THIRD AVE

ONE SE THIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2250

SUITE 2250

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33131

US

33131

US

4. FEI Number

65-0408960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABALLI, ARTURO J JR
 ONE S.E. THIRD AVENUE
 SUITE 1980
 MIAMI FL 33131**

Name

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

ONE SE THIRD AVE, STE 2250

City

MIAMI

FL

Zip Code

33131

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]

ARTURO J. ABALLI, JR

2/1/01

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABALLI, ARTURO J JR 1 SE 3 AVE, STE 1980 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1 SE 3 AVE, STE 2250 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILNE, HENDRIK G 1 SE 3 AVE, STE 1980 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1 SE 3 AVE, STE 2250 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KALIL, CRAIG P 1 SE 3 AVE STE 1980 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1 SE 3 AVE, STE 2250 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARRIGO, SILVIA M 1 SE 3 AVE STE 1980 MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCAGEDO, ANA MARIA 1 SE 3 AVE STE 1980 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			1 SE 3 AVE, STE 2250 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

VP CRAIG G. KALIL

2/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)