

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

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

Mailing Address

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

2. Principal Place of Business

ONE SE THIRD AVE

3. Mailing Address

ONE SE THIRD AVE

Suite, Apt. #, etc.

SUITE 2250

Suite, Apt. #, etc.

SUITE 2250

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

US

Zip

33131

Country

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

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

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABALLI, ARTURO J JR	
STREET ADDRESS	1 SE 3 AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILNE, HENDRIK G	
STREET ADDRESS	1 SE 3 AVE, STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	KALIL, CRAIG P	
STREET ADDRESS	1 SE 3 AVE STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GARRIGO, SILVIA M	
STREET ADDRESS	1 SE 3 AVE STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESCAGEDO, ANA MARIA	
STREET ADDRESS	1 SE 3 AVE STE 1980	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 SE 3 AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 SE 3 AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 SE 3 AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1 SE 3 AVE, STE 2250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)