

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067152

1. Entity Name

A.M.P.'D MANAGEMENT, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90210 024 ***150.00

Principal Place of Business

Mailing Address

2775 E OAKLAND PK BLVD
6
FORT LAUDERDALE FL 33306
US

2775 E OAKLAND PK BLVD
6
FORT LAUDERDALE FL 33348-0066
US

2. Principal Place of Business

3. Mailing Address

2550 N. Federal Hwy
Suite, Apt. #, etc.
13

P.O. Box 480066
Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale FL
Zip 33305 Country USA

Ft. Lauderdale FL
Zip 33348 Country USA

4. FEI Number 65-0439330

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

ROCHE, ASHLING
2775 E OAKLAND PK BLVD #6
FORT LAUDERDALE FL 33306

Name Roche, Ashling
Street Address (P.O. Box Number is Not Acceptable)
2550 N. Federal Hwy 13
City Ft. Lauderdale FL Zip Code 33305

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/00

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 PT
NAME ROCHE, ASHLING
STREET ADDRESS 2775 E OAKLAND PK BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Delete

TITLE PIS
NAME Roche, Ashling
STREET ADDRESS PO Box 480066
CITY-ST-ZIP Ft. Lauderdale FL 33348 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 954 630 8024

CR2E034 (9/99)