

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086060

1. Entity Name

AMOR EQUIPMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90317 014 ***150.00

Principal Place of Business

7105 SW 8TH STREET
SUITE 402
MIAMI FL 33144
US

Mailing Address

2715 SW 115 AVE.
MIAMI FL 33165-2128
US

2. Principal Place of Business

9445 Bird Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #101

City & State

City & State

City & State

Miami

Zip

33165

Country

Miami-Dade

Country

4. FEI Number

65-0457187

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

ALVAREZ-LAVIADA, MARIA I
2715 SW 115 AVE
MIAMI FL 33165

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.
(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 | DPVS | <input type="checkbox"/> Delete |
| NAME | ALVAREZ-LAVIADA, MARIA I | |
| STREET ADDRESS | 2715 SW 115 AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)