

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086060

1. Entity Name

AMOR EQUIPMENT, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90214 013 ***150.00

Principal Place of Business

9445 BIRD ROAD
STE 101
MIAMI FL 33165
US

Mailing Address

2715 SW 115 AVE.
MIAMI FL 33165
US

2. Principal Place of Business

9445 Bird Rd.

3. Mailing Address

2715 SW 115 Ave

Suite, Apt. #, etc.

Suite #101

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

DADE

Zip

33165

Country

DADE

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

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

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.

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)

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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 DPVS
NAME ALVAREZ-LAVIADA, MARIA I
STREET ADDRESS 2715 SW 115 AVENUE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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

MARIA I ALVAREZ-LAVIADA (PRESIDENT)

Date

Daytime Phone #

CR2E034 (10/00)

0203595