

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005518

1. Entity Name
AMREX, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90481 041 ***158.75

Principal Place of Business 635 N. WESTMORELAND ST. ORLANDO FL 32805	Mailing Address 635 N. WESTMORELAND ST. ORLANDO FL 32805-1448
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3228727	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

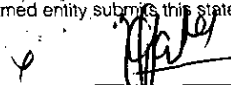
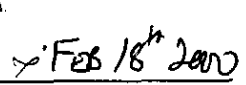


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PATEL, PRETESH 8905 ROYAL BIRKDALE LN ORLANDO FL 33281	
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7. Name and Address of New Registered Agent Name BHAVANA PATEL Street Address (P.O. Box Number is Not Acceptable) 8905 ROYAL BIRKDALE LN. City ORLANDO FL Zip Code 32819	
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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  VP  **Feb 18th 2000**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input checked="" type="checkbox"/> Delete	TITLE PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, PRETESH		NAME PATEL, BHAVANA Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8905 ROYAL BIRKDALE LN		STREET ADDRESS 8905 ROYAL BIRKDALE LN	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP ORLANDO, FL 32819	
TITLE VPS	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATEL, BHANNA Y		NAME PATEL, YOGESHKUMAR	
STREET ADDRESS 8905 ROYAL BIRKDALE LN.		STREET ADDRESS 8905 ROYAL BIRKDALE LN	
CITY-ST-ZIP ORLANDO FL 32819		CITY-ST-ZIP ORLANDO, FL 32819	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**  **2/18/2000** **(407) 839-0209**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)