

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

033173
 AV

DOCUMENT # P94000013209

1. Entity Name

A.M.R. PROGRAM INC., ASSET MANAGEMENT AND REVENUE CORP.

Principal Place of Business

**2692 N. UNIVERSITY DR
 #10
 SUNRISE FL 33322
 US**

Mailing Address

**2692 N UNIVERSITY DR
 #10
 SUNRISE FL 33322
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4545 N.W. 103 AVE.

Suite, Apt. #, etc.

SUITE 203

City & State

SUNRISE FL

Zip

Country

U.S.A.

3. Mailing Address

4545 N.W. 103 AVE.

Suite, Apt. #, etc.

SUITE 203

City & State

SUNRISE FL

Zip

Country

33351-7947

U.S.A.

4. FEI Number

33-0304770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARZAPALO, R

2692 N. UNIVERSITY DR

#10

SUNRISE FL 33322

Name

ARZAPALO, R.

Street Address (P.O. Box Number is Not Acceptable)

4545 N.W. 103 AVE, SUITE 203

City

SUNRISE

State

FL

Zip Code

33351

7. Name and Address of New Registered Agent

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, 2002 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 **P** ☐ Delete
 NAME **ELIA, DR. S.E.**
 STREET ADDRESS **333 SOUTHERN BLVD, SUITE 304**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

S. E. ELIA

3/1/02 954-796-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)