2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P94000049390** AMA DETAILING, INC. 04-19-2000 90030 031 ***150.00 Principal Place of Business -Mailing Address 3463 GRIFFIN RD. 3463 GRIFFIN RD. FT LAUDERDALE FL 33312-5581 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0512223 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALMA, PETER S Street Address (P.O. Box Number is Not Acceptable) 3463 GRIFFIN RD. FT LAUDERDALE FL 33322 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE. BALMA, PETER S NAME 3463 GRIFFIN RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Addition Change Delete TITLE NAME BALMA, LYNN NAME STREET ADDRESS 3463 GRIFFIN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Delete TITLE - ---Change ☐ Addition TITLE BALMA, PETER V NAME NAME STREET ADDRESS 3463 GRIFFIN RD. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BALMA, MARY NAME NAME 3463 GRIFFIN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.