FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9400049390 1. Entity Name AMA DETAILING, INC.					Mar 29, 2001 8:00 am Secretary of State 03-29-2001 90383 026 ***150.00				
Principal Place of Business Mailing Address									
3463 Griffin Rd. Ft Lauderdale Fl. 33312 US		3463 GRIFFIN RD FT LAUDERDALE FL 33312 US			734574				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	ACE		
City & State		City & State			4. FEI Numbe	65-0512223			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add e Required	
	6. Name and Address of Current	Registered Agent		- <u></u>	7. Name and	Address of New Rec		<u>-</u>	
BALMA, PETER S 3463 GRIFFIN RD. FT LAUDERDALE FL 33322				Name Street Address (F	.O. Box Numbe	r is Not Acceptable)			
				City			FL	Zip Code	,
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable			! FEE IS 1 Fee wil	l be \$550.00	10. Elec	ction Campaign Finar st Fund Contribution.	DATE		May Be to Fees
11.	OFFICERS AND I		12.		ADDITIONS/0	CHANGES TO OFFIC	ERS AND DI	RECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Balma, Peter S 3463 Griffin RD. Ft Lauderdale Fl 33312	☐ Delete	TITLE NAME STREET AI CITY-ST-	. 1] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Balma, Lynn 3463 Griffin RD. Ft Lauderdale FL 33312	☐ Delete	TITLE NAME STREET AL CITY-ST-	1] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALMA, PETER V 3463 GRIFFIN RD. FT LAUDERDALE FL 33312	Delete -	NAME STREET AU CITY-ST-	DORESS] Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Balma, Mary 3463 Griffin RD. FT Lauderdale FL 33312	☐ Delete	TITLE NAME STREET AL CITY-ST-] Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACC] Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-7	J				Change	Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report as	he exempti signature s required	ion stated in Sec shall have the sa by Chapter 607,	tion 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes. I fu as if made under oat ; and that my name a	rther certify h; that I am a ppears in Bl	that the int an officer of lock 11 or	formation or director Block 12 if