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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
04-06-2001 90039 046 ***150.00

DOCUMENT # P94000073709

1. Entity Name

AMVEST PROPERTIES GROUP, INC.

Principal Place of Business	Mailing Address
1061 SW 20TH ST BOCA RATON FL 33486	1061 SW 20TH ST BOCA RATON FL 33486

4U31

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1771 Blount Road		1771 Blount Road	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210	
City & State Pompano Beach, FL		City & State Pompano Beach FL	
Zip 33069	Country Broward	Zip 33069	Country Broward

4. FEI Number 65-0556280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, MARK
1061 S.W. 20TH ST
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 840 Anchorage Drive

City North Palm Beach FL Zip Code 33408

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] Mark Griffith 4/15/01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	(Business) ☒ Change ☐ Addition
NAME	GRIFFITH, MARK	NAME	
STREET ADDRESS	~~1061 SW 20TH ST~~	STREET ADDRESS	1771 BLOUNT ROAD STE 210
CITY-ST-ZIP	~~BOCA RATON FL 33486~~	CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	☐ Delete	TITLE	(Home) ☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	840 Anchorage Drive
CITY-ST-ZIP		CITY-ST-ZIP	North Palm Beach FL 33408
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] 4/15/01 561 445 9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #