

2001 UNIFORM BUSINESS REPORT (UBR)

33

DOCUMENT # P94000078763

1. Entity Name

A.M.D. INVESTMENTS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 PM 1:32

Principal Place of Business

635 NW 13TH ST
GAINESVILLE FL 32601

Mailing Address

635 NW 13TH ST
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3274891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAGAN, AHARON
635 NW 13TH ST
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE ☐ Delete
NAME P
STREET ADDRESS DAGAN, AHARON
CITY-ST-ZIP 635 NW 13TH ST
GAINESVILLE FL 32601

TITLE ☐ Delete
NAME V
STREET ADDRESS DAGAN, MALKA
CITY-ST-ZIP 635 NW 13TH ST
GAINESVILLE FL 32601

TITLE ☐ Delete
NAME S
STREET ADDRESS RAMADAN, EMAN M
CITY-ST-ZIP 635 NW 134TH STREET
GAINESVILLE FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS Ramadan Monem
CITY-ST-ZIP 635 NW 13TH ST Gainesville FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900004627499--0
CITY-ST-ZIP -10/08/01--01077--029
****400.00 ****400.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

A. M. Ramadan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-26-01

CR2E034 (10/00)