

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90026 014 ***158.75

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DOCUMENT # P95000013817

1. Entity Name

A.M. INDUSTRIAL LIMITED, INC.

Principal Place of Business

**13294 NW 15 CT
PEMBROKE PINES FL 33028**

Mailing Address

**13294 NW 15 CT
PEMBROKE PINES FL 33028**

2. Principal Place of Business

8329 NW 66TH ST

Suite, Apt. #, etc.

MIAMI

3. Mailing Address

8329 NW 66TH ST

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

65-0557708

Applied For

Not Applicable

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VILLALBA, LIBARDO

8301 N.W. 66TH STREET

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

LIBARDO VILLALBA

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

8329 NW 66TH ST.

City

MIAMI

FL

Zip Code

33166

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: *Libardo Villalba*

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 **PD** ☐ Delete
NAME **VILLALBA, LIBARDO**
STREET ADDRESS **8301 N.W. 66TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **STD** ☒ Delete
NAME **VILLALBA, NURY E**
STREET ADDRESS **8301 N.W. 66TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Libardo Villalba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

Daytime Phone #

CR2E034 (9/01)