2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000055097** Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** AMPLIMIDIA CORPORATION 06-08-2000 90029 031 ***550.00 Principal Place of Business Mailing Address 7345 SAND LANE ROAD 7345 SAND LANE ROAD SUITE 301 SUITE 301 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3251124 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUES, CARLOS A.C. Street Address (P.O. Box Number is Not Acceptable) 2637 SHINOAK DRIVE ORLANDO FL 32837 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME RODRIGUES, JOSE' CARLOS NAME STREET ADDRESS STREET ADDRESS 2631 SHINOAK DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change Addition ☐ Delete TITLE TITLE DE CASTRO RODRIGUES, MARIA ELOA' NAME NAME STREET ADDRESS STREET ADDRESS 2631 SHINOAK DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete ☐ Change Addition TITLE TITLE RODRIGUES, CARLOS A. C. NAME NAME STREET ADDRESS STREET ADDRESS 2637 SHINOAK DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Delete ☐ Change TITLE TITLE 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 them 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 executive poort 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 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 executive poor 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 executive poor 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 executive poor 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 executive poor 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 executive poor 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 executive poor the same legal effect as if made under oath; that I am an officer or director of the corporation of the c

SIGNATURE:

SIGNATURE AND TYPED WANTED NAME OF SIGNING OFFICER OR DIRECTO

00 (401) 248-017

Daytime Phone #