

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90036 020 \*\*\*150.00

**DOCUMENT # P95000055097**

1. Entity Name

**AMPLIMIDIA CORPORATION**

Principal Place of Business

**7345 SAND LANE ROAD  
 SUITE 301  
 ORLANDO, FL 32819**

Mailing Address

**7345 SAND LANE ROAD  
 SUITE 301  
 ORLANDO FL 32819**

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

**59-3251124**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUES, CARLOS A.C.**

**2637 SHINOAK DRIVE**

**ORLANDO FL 32837**

**2637 SHINOAK DRIVE**

Name

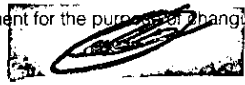
Street Address (P.O. Box Number is Not Acceptable)

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: 

**CARLOS A.C. RODRIGUES**

**1/16/02**

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	<input type="checkbox"/> Delete
NAME	RODRIGUES, JOSE CARLOS	
STREET ADDRESS	2631 SHINOAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DE CASTRO RODRIGUES, MARIA ELOA	
STREET ADDRESS	2631 SHINOAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUES, CARLOS A. C.	
STREET ADDRESS	2637 SHINOAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUES, JOSE CARLOS	
STREET ADDRESS	2637 SHINOAK DRIVE	
CITY-ST-ZIP	ORLANDO - FL 32837	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CASTRO RODRIGUES, MARIA ELOA	
STREET ADDRESS	2637 SHINOAK DRIVE	
CITY-ST-ZIP	ORLANDO - FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 the body of the report, or other like empowered.

SIGNATURE:

 **CARLOS A.C. RODRIGUES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/02 (407) 248-0171**

CR2E034 (9/01)