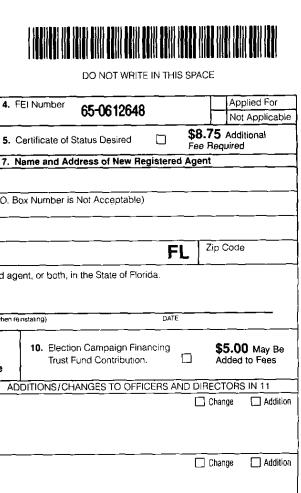
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000073380**

AMA TRANSPORT, INC. Principal Place of Business Mailing Address 9595 NW 89TH AVE. 9595 NW 89TH AVE. MIAMI FL 33178-1405 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90033 021 ***150.00



Zip	Country	Zip ,	Country	5	i. Certificate of Status Desired		B.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
OTERO, VICTOR 9595 NW 89TH AVENUE MIAMI FL 33178				Street Address (P.O. Box Number is Not Acceptable)					
						FL	Zip Code		
. The above	named entity submits this statement for t	he purpose of changing its	registered office o	r registered	agent, or both, in the State of Flor	ida.			1
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signal	ture required whe	en reinstaling)	DATE			İ
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 F Make Check Payable to			00 Fee will be \$	550.00	10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	1
11,	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11	
ITLE HAME TREET ADDRESS HTY-ST-ZIP	DP OTERO, VICTOR 9595 NW 89TH AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	☐ Addition	00,07 1000
ITLE IAME STREET ADDRESS CITY-ST-ZIP	DV CHALUJA, MARIO 9595 NW 89TH AVE. MIAMI·FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	Addition	
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ITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information expelled with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	atod in Secti	on 119 07/3/(i) Florida Statuton I		Change	Addition	

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 any address, with all other like empowered.

IGNATURE:

VICTORYM, OTERO, PRESIDENT

3/9/00

305-885-0737

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #