

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90099 034 \*\*\*150.00

**DOCUMENT # P96000038065****1. Entity Name**  
**AMERAM CORP.****Principal Place of Business****1815 NE 124TH ST**  
**N MIAMI FL 33181**  
**US****Mailing Address****1815 NE 124TH ST**  
**N MIAMI FL 33181**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0667551**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****APPELROUTH, STEWART L**  
**999 PONCE DE LEON BLVD.**  
**SUITE 625**  
**CORAL GABLES FL 33134**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete  
**NAME** **QUINN, WILLIAM**  
**STREET ADDRESS** **7905 EAST DR 16A**  
**CITY-ST-ZIP** **N BAY VLG FL 33141****TITLE** **Vice President** ☐ Change ☒ Addition  
**NAME** **Theresa Quinn**  
**STREET ADDRESS** **4506 SW 57 Avenue**  
**CITY-ST-ZIP** **Miami, FL 33156****TITLE** **SD** ☐ Delete  
**NAME** **QUINN, WILLIAM**  
**STREET ADDRESS** **7905 EAST DR 16A**  
**CITY-ST-ZIP** **N BAY VLG FL 33141****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **T** ☐ Delete  
**NAME** **QUINN, WILLIAM**  
**STREET ADDRESS** **7905 EAST DR 16A**  
**CITY-ST-ZIP** **N BAY VILLAGE FL 33141****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)