

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-02-2001 90162 002 *****5.00
 07-02-2001 90162 001 ***150.00
 07-31-2001 90232 035 ***408.75

DOCUMENT # P96000040770

1. Entity Name
AMWEST GROUP, INC.

Principal Place of Business Mailing Address
713 PINESIDE LANE 713 PINESIDE LANE
NAPLES FL 34108 NAPLES FL 34108
US US

00001200



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0664956 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| WORLD WIDE CORPORATE SERVICES INC. 1 FINANCIAL PLAZA #2626 FT. LAUDERDALE FL 33394 | | | | 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 _____ (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) <input type="checkbox"/> | 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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------|--|---|------------------------------|--|
| TITLE | COB | <input type="checkbox"/> Delete | TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLAND, MILTON | | NAME | | |
| STREET ADDRESS | 195 TENTH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAMETRA, SURINDER | | NAME | | |
| STREET ADDRESS | 195 TENTH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUPPES, MICHELLE | | NAME | Jenny Palmieri | |
| STREET ADDRESS | 195 TENTH AVE | | STREET ADDRESS | 3316 BORKS LANE | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | CITY-ST-ZIP | AUSTIN, TX 78732 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACEVEDO, JOSE | | NAME | | |
| STREET ADDRESS | 195 TENTH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10011 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Exec. Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Dominick Pope | |
| STREET ADDRESS | | | STREET ADDRESS | 195 Tenth Ave, NYC, NY 10011 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Frank Poppi | |
| STREET ADDRESS | | | STREET ADDRESS | 4 CLIFF AVE | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | WINTHROP, MA 02152 | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 ☒ *Dominick Pope* **Dominick Pope 5/1/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Exec. Vice President** Daytime Phone # _____

CR2E034 (10/00)



*attachment
BOX 1250*

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 3, 2001

AMWEST GROUP, INC.
713 PINESIDE LANE
NAPLES, FL 34108 US

Subject: AMWEST GROUP, INC.

Reference: **P96000040770**
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$155.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$395.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/as
ANNUAL REPORTS SECTION

*Dear Sir:
The extra \$5.00 was for
campaign finance.
Thank you*