2000 Juniform Bus	iness repoi	RT (UBK)	n	100
DOCUMENT # P960000 41134			FILED	
AMERICAN MARKETING GROUP, INC			00 0CT 19 PH 1:45	
Principal Place of Business Mailing Address Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SARAGOTA, FL34231				
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE -	
City & State City & State			4. FEI Number 65-0680169 Applied For Not Applicable	
Zip Country	Zip	Country	F. Cortificate of Status Desired	8.75 Additional
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	
Mamo				
AMERILAWYER CHARTERED		Street Address	Street Address (PO. Box Number is Not Acceptable)	
343, ALMERA AVENUE				
CORAL GABLE	5 33134	City	FL	Zip Code
8. The above named entity submits this statement for		egistered office or registe	red agent, or both, in the State of Florida.	
OVER LATIVES				
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	After MAY 1, 200	FEE IS \$150.00 Fee will be \$550.00 e to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	12.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
THE PASSET OF IT	Delete	TITLE NAME		☐ Change ☐ Addition 66/6)
STREET ADDRESS 3412, CLARK RD CITY-ST-ZIP				
TITLE V.P.	□ Delete	TITLE	****158.75	□ Krimi 129 valudu S.
NAME CARMEN OBESIDE STREET ADDRESS 3412, CLARK RD #110		NAME STREET ADDRESS		
CITY-ST-ZIP SANASOTA, FL	34231 Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME YOUR OBEROI		NAME STREET ADDRESS		
CITY-SI-ZIP SAMA SOT		CHTY-ST-ZIP		Change Addition
TITLE NAME	∟ Delele	NAME	·	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Delete	TITLE NAME	•	Change Addition
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE Delete		TITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY: ST-ZIP		STREET ADDRESS CITY-ST-ZIP	·	
13. I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation of the receiver or trustee empty changed, or on an attachment with an address.	nowered to execute this report a	the exemption stated in S y signature shall have the as required by Chapter 60	section 119.07(3)(i), Florida Statutes. I further certif s same legal effect as if made under oath, that I am 17, Florida Statutes; and that my name appears in i	y that the information an officer or director Block 11 or Block 12 if
SIGNATURE: (& Seen. 10/70/7 000				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				

حرمهي

American Marketing Group (USA), Inc.

3412 CLARK ROAD SUITE 110 SARASOTA, FLORIDA 34231 PHONE 941-941-922-3310 FAX 1-941-927-0907

October 21, 2000

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Ms Kathy Ashton Document Specialist Division of Corporations P.O.BOX 6327 Tallahassee, Florida 32314

Ref: Your letter dated September 27,2000 NO 600A00050866 (attached along)

Dear Ms Ashton

As per your request we have completed a new UBR form which is legible and also included a check for \$150.00, We did not receive pre-printed forms and as per our conversation request grant of waiver.

Thank you very much.

Sincerely,

Sam Oberoi

V-President