## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) 76

<b>DOCUMENT #</b>	# P960	00004297

1. Entity Name

AMYLEE PROPERTIES, INC.



**FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90664 012 \*\*\*150.00

CITY-ST-ZIP  COOPER CITY FL 33330  CITY-ST-ZIP  NAME  JASLOW, AMY  STREET ADDRESS CITY-ST-ZIP  TITLE  O JASLOW, AMY  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  Addition  Change   Addition  Addition  NAME  NAME											
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Suite, Apt. #, vib.    City & State											
City & State  Country  Country  Country  Septificate of States Desired   \$8.75 Additional   Fee Required   Fee Re	2. Principal	Place of Business	3. Mailing Address	***		, [	8011661   10 10 10 10 10 10 10 10 10 10 10 10 10	Dirik diriki dibiki dili			
Zip Country Zip Country Zip Country S. Certificate of Satus Desired S. Certificate of Satus Desired Service Agent State Of Satus Desired Service Agent State Of Satus Desired Service Service Service Additional Fee Required Fee Required Fee Required Fee Required Fee Required Service Additional Fee Required Service Address of New Registered Agent Name  JASLOW, LEE Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept t	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				□ СНЕ	CK HERE IF M	IAKING (	CHANGES	<b>;</b>
Second Status   Second Statu	City & State City & State		···								
S. Name and Address of Current Registered Agent  JASLOW, LEE 11000 N.W. 7TH AVE.  MAMIFL 33168  City  FL  Zio Code  City  Ci	Zip	Country	Zip	Country	2	5. Certifi	cate of Status	Desired [		8.75 Ad	ditional
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name	and Address	s of New Regis		•	ea
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code				Name						1	
MAMIFL 33168  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW,!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE D JASLOW, LEE STREET ADDRESS DATE TO COOPER CITY FL 33330  TILE ONAME STREET ADDRESS DIVEST-2P  TILE NAME STREET ADDRESS CITY-ST-2P				Street A	ddress (P.0	O. Box Nu	mber is Not	Acceptable)	,		
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File Now,!!!   FEE IS 150.00	MIAMI FL	. 33168									
SIGNATURE    FILE NOW!!! FEE IS S150.00   After May 1, 2003 Fee will be \$550.00   Added to Fees			•	City					FL	Zip Cod	le
SIGNATURE    Signature, bysed or printed nerve of registered agent and title if applicable.   INCITE Registered Agent signature required when reinstaticing)   DATE	8. The above	e named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered	d agent, or	both, in the	State of Florida.	I am far	niliar with,	and accept
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE		and title if applicable. (NOTE: F	Registered Agent signatu	re required wh	hen reinstating	1)	····	DATE		· · · · · · · · · · · · · · · · · · ·
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-681-1021