

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060536

1. Entity Name

AMDEC INTERNATIONAL, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90022 001 \*\*\*150.00

Principal Place of Business

Mailing Address

5130 N FEDERAL HWY  
SUITE #8  
FT LAUDERDALE FL 33308  
US

~~5130 N FEDERAL HWY~~  
~~SUITE #8~~  
FT LAUDERDALE FL 33308-1916  
US

00004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0679555

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

CASTRO, RALPH J  
5520 NE 18 TERR  
FORT LAUDERDALE FL 33308

Name RAULPH J. CASTRO, CPA

Street Address (P.O. Box Number is Not Acceptable)

511 NE 49 ST

City FT LAUDERDALE

FL

Zip Code

33334

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

RJ Castro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2000

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, 2000 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  
NAME SCHMIDT, GREGORY L  
STREET ADDRESS ~~5130 N FEDERAL HWY, SUITE #8~~  
CITY-ST-ZIP FT LAUDERDALE FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS 6278 N. Federal Hwy. Suite 398  
CITY-ST-ZIP FT. Lauderdale, FL. 33308

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

GREGORY L SCHMIDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 11, 2000

Date

954-772-8886

Daytime Phone #