

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075617

1. Entity Name

AMADEI, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90979 014 \*\*\*150.00

Principal Place of Business

7601 E TREASURE DR  
#1023  
N BAY VILLAGE FL 33141  
US

Mailing Address

7601 E TREASURE DR  
#1023  
N BAY VILLAGE FL 33141  
US

2. Principal Place of Business

1012 NE 203<sup>rd</sup> LN

Suite, Apt. #, etc.

3. Mailing Address

1012 NE 203<sup>rd</sup> LN

Suite, Apt. #, etc.

City & State

N. miami beach, FL

City & State

N. miami beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

6. Name and Address of Current Registered Agent

SOARES, JACQUELINE SLI  
7601 E TREASURE DR  
#1023  
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name: JACQUELINE SOARES.

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

1012 NE 203<sup>rd</sup> LN

City: N. miami beach

FL

Zip Code: 33179

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

TITLE: D  
NAME: HAUER, AGOSTINHO A  
STREET ADDRESS: 76001 E TREASURE DR., 1023  
CITY-ST-ZIP: N BAY VILLAGE FL 33141 ☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:   
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STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/01 305 2497080

Date

Daytime Phone #

CR2E034 (10/00)