

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079912

1. Entity Name

AMC PROPERTIES, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90101 018 ***150.00

Principal Place of Business

1404 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301-2136

Mailing Address

1404 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301-2136

2. Principal Place of Business

91 ISLE OF VENICE

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 30578

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-0704533

Applied For

Not Applicable

Zip

33301

Country

BROWARD

Zip

33303

Country

BROWARD

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

GRIMME, MICHAEL J
1404 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301-2136

Name

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

91 ISLE OF VENICE

City

FL

Zip Code

33301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMME, MICHAEL J	
STREET ADDRESS	1404 E. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-2136	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIMME, PAMELA D	
STREET ADDRESS	1404 E. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91 ISLE OF VENICE	
STREET ADDRESS		
CITY-ST-ZIP	33301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91 ISLE OF VENICE	
STREET ADDRESS		
CITY-ST-ZIP	33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 state employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)