2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # **P97000009272** 1. Entity Name A.M.I. COUNTRY CORPORATION 05-10-2001 90080 027 ***150.00 Mailing Address Principal Place of Business 100 N. BISCAYNE BLVD 100 N. BISCAYNE BLVD **SUITE 1107 SUITE 1107 P&POPUU** MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0741503 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAW FIRM OF MANFRED ROSENOW, P.A. Street Address (P.O. Box Number is Not Acceptable) 2425 CORAL WAY **MIAMI FL 33145** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE PABON, MARTA I NAME NAME STREET ADDRESS 151 CRANDON BLVD. STE 726 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Addition Change Delete TITLE TITLE **HURTADO-ANGEL, ABSALON** NAME NAME 151 CRANDON BLVD. STE 726 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Change ☐ Addition Delete TITLE TITLE NAME PABON, ANGELA MARIA NAME STREET ADDRESS 735 CRANDON BLVD PH #3 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **KEY BISCAYNE FL 33149** ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

SIGNATURE:

ke empowered.

Date

Daytime Phone #

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR