


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90435 039 ***150.00

DOCUMENT # **P 970000 24354**
1. Entity Name **AMEYPO, INC.**



DO NOT WRITE IN THIS SPACE

J4U4J004

2. Principal Place of Business
1445 BANKS RD.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL

City & State

Zip
33003

Country
BROWARD

Zip

Country

4. FEI Number
65-0737113

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Sanchez, Dolores K.

Street Address (P.O. Box Number is Not Acceptable)
4701 N. Federal Highway

STE. 316, BOX B1

City
LIGHTHOUSE POINT FL Zip Code
33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE PD - PRESIDENT	TITLE	TITLE	
NAME KIWAN, SUSAN	NAME	NAME	
STREET ADDRESS NORDSCHLESWIGER STR.	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP 22049 HAMBURG-GERMANY	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE S	TITLE	TITLE	
NAME HILMAR SCHUSTER	NAME	NAME	
STREET ADDRESS 5354 NW 57th Way	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	TITLE	
NAME	NAME	NAME	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hilmar Schuster* **HILMAR SCHUSTER** April 27-04 954-682-7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)