

**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

34043004

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

4. FEI Number
65-0737113

Applied For
Not Applicable

Zip
33063 Country
BROWARD

Zip Country

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**
NAME **KIWAN, SUSAN**
STREET ADDRESS **NORDSCHLESWIGER STR.**
CITY-ST-ZIP **22049 HAMBURG-GERMANY**

TITLE **S**
NAME **HILMAR SCHUSTER**
STREET ADDRESS **5354 NW 57th WAY**
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)