

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038529

1. Entity Name  
A.M.D.G. CORPORATION, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90073 035 \*\*\*150.00

Principal Place of Business

4945 NW 116th Avenue  
CORAL SPRINGS FL 33076-3206  
US

Mailing Address

1650 SOUTHEAST 17TH STREET  
SUITE # 301  
FORT LAUDERDALE FL 33316-1735  
US

B0021416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4945 Northwest 116th Avenue  
Suite, Apt. #, etc.

3. Mailing Address

c/o GRUBER AND ASSOCIATES, P.A.  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0772855

Applied For  
Not Applicable

33076-3206

Country

US

33316-1735

Country

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

SANTORO, JOSEPH P.  
4945 NORTHWEST 116TH STREET  
CORAL SPRINGS FL 33076 -3206

Name

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

City

FL

Zip Code

33076-3206

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	VPSD	<input type="checkbox"/> Delete
NAME	SANTORO, EARLINE R.	
STREET ADDRESS	4945 NORTHWEST 116TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33076 -3206	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SANTORO, JOSEPH P.	
STREET ADDRESS	4945 NORTHWEST 116TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33076 -3206	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33076-3206	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33076-3206	
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 not empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P. SANTORO 3/19/01 954522 2222

Date

Daytime Phone #

CR2E034 (10/00)