

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90061 004 ***150.00

DOCUMENT # P97000038529

1. Entity Name

A.M.D.G. CORPORATION, INC.

Principal Place of Business

4945 NW 116th AVENUE
POMPANO BEACH FL 33076-3206
CORAL SPRINGS
US

Mailing Address

C/O GRUBER AND ASSOCIATES
1650 SOUTHEAST 17TH STREET #301 SUITE 301
C/O GRUBER AND ASSOCIATES, P.A.
FORT LAUDERDALE FL 33316-1735
US



2. Principal Place of Business

116th AVENUE

3. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.
SUITE 301
1650 SOUTHEAST 17TH STREET, SUITE 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

Country

US

Zip

Country

US

4. FEI Number

65-0772855

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

P.
116th AVENUE
CORAL SPRINGS FL Zip Code

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, 2002 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

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		
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVENUE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVENUE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-522-2222 3/14/2001

Date

Daytime Phone #

CR2E034 (9/01)