

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90069 049 \*\*\*150.00

**DOCUMENT # P97000045681**

1. Entity Name

**AM AND T WORLDWIDE CORPORATION**

**975602**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**384 OPA LOCKA BLVD 10329 N.W. 27th**  
**OPA LOCKA FL 33054 Miami, FL 33147**  
**US**

2. Principal Place of Business

3. Mailing Address

**10329 N.W. 27th AVE**  
**P.O. BOX 540011**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

**OPA-LOCKA, FL**

Zip

Country

Zip

Country

**33147**

**DADE**

**33054**

**DADE**

4. FEI Number

**65-0793992**

Applied For

Not Applicable

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

**MARTINS, OLUWATOYUB A**

**384 OPA LOCKA BLVD 10329 N.W. 27th AVE**  
**OPA LOCKA FL 33054 Miami, FL 33147**

Name

**AM & T WORLDWIDE CORP**

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

**10329 N.W. 27th AVENUE**

City

**MIAMI**

FL

Zip Code

**33147**

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

**HOMER E. 104th**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/26/2001**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINS, OLUWATOYIN A</b>	
STREET ADDRESS	<b>384 OPA LOCKA BLVD</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

**HOMER E. 104th**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/2001(305)8359855**

Date

Daytime Phone #

CR2E034 (10/00)