

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051025

1. Entity Name

AMEBA, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90036 032 \*\*\*158.75

Principal Place of Business

21 SE 10TH STREET  
 DEERFIELD BEACH FL 33441  
 US

Mailing Address

21 SE 10TH STREET  
 DEERFIELD BEACH FL 33309-4126  
 US

2. Principal Place of Business

4260 NW 35 TERR

3. Mailing Address

4260 NW 35 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

4. FEI Number

65-0760649

Applied For

Not Applicable

Zip

33309

Country

BROWARD

Zip

33309

Country

BROWARD

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

BANTON, MICHAEL  
 21 SE 10TH STREET  
 DEERFIELD BEACH FL 33441

Name

MICHAEL E. BANTON

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

4260 NW 35 TERRACE

City

FT. LAUDERDALE FL

Zip Code

33309

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

(MICHAEL BANTON)

4-28-00

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BANTON, MICHAEL	
STREET ADDRESS	21 SE 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL E. BANTON	
STREET ADDRESS	4260 NW 35 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
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		
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 like empowered.

SIGNATURE:

MICHAEL E. BANTON

Date

Daytime Phone #

(954) 777-3402

4/28/00

CR71EC24 (9/99)