

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90003 025 \*\*\*150.00

<b>DOCUMENT #</b> <u>15</u>				<b>Entity Name</b> <u>Amico Corporation, Inc.</u>			
<u>P 97 0000 6 9 17 6</u>				<u>(1A)</u>			
<b>1. Principal Place of Business</b>		<b>Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<u>7281 N.E. 8 DRIVE</u>		<u>P.O. BOX 542473</u>		<u>65-0779781</u>		<input type="checkbox"/> Not Applicable	
<u>BOCA RATON FL</u>		<u>LAKE WORTH FL</u>					
<u>33487-2420</u>		<u>33484-2473</u>					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		<input type="checkbox"/>			
City & State		City & State					
Zip		Zip					
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<u>TURTURO, KAMI</u>				Name			
<u>7281 N.E. 8 DRIVE</u>				Street Address (P.O. Box Number is Not Acceptable)			
<u>BOCA RATON FL 33487</u>				City			
				FL Zip Code			
<b>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.</b>							
SIGNATURE <u>[Signature]</u>				Date <u>4-25-01</u>			
Signature, typed or printed name of registered agent and title if applicable.				Date			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b>				<b>10. Election Campaign Financing Trust Fund Contribution.</b>			
<input type="checkbox"/>				<input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>PS</u>				NAME			
STREET ADDRESS <u>KAMI TURTURO</u>				STREET ADDRESS			
CITY-STATE-ZIP <u>7281 N.E. 8 DRIVE</u>				CITY-STATE-ZIP			
<u>BOCA RATON FL 33487</u>							
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <u>VT</u>				NAME			
STREET ADDRESS <u>TOMY BOZZI</u>				STREET ADDRESS			
CITY-STATE-ZIP <u>7281 N.E. 8 DRIVE</u>				CITY-STATE-ZIP			
<u>BOCA RATON FL 33487</u>							
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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 filers empowered.</b>							
SIGNATURE: <u>[Signature]</u>				Date <u>4-25-01</u>			
Signature and typed or printed name of signing officer or director.				Date			



DO NOT WRITE IN THIS SPACE

CR2001 (1/1/00)