

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90086 008 ***150.00

A0045994

DO NOT WRITE IN THIS SPACE

DOCUMENT #
 1. Entity Name **P97000084571**
Amp-Tek Enterprises, INC.

Principal Place of Business
 3350 nw 54 St.
 Miami FL 33142

Mailing Address
 3350 nw 54 St.
 Miami FL 33142

2. Principal Place of Business
 1753 W 40 St.
 Suite, Apt. #, etc.

3. Mailing Address
 1753 W 40 St.
 Suite, Apt. #, etc.

City & State
 Hialeah FL

City & State
 Hialeah FL

Zip
 33012

Country
 USA

Zip
 33012

Country
 USA

4. FEI Number
 15-0785940

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Chiotis, Elsa
 3350 nw 54 St.
 Hialeah FL 33142

7. Name and Address of New Registered Agent
 Name **Elsa Chiotis**
 Street Address (P.O. Box Number is Not Acceptable)
 1753 W 40 St
 City **Hialeah** **FL** Zip Code **33012**

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 *E. Chiotis* **Registered Agent E. Chiotis** **4/4/01**
Signature typed or printed name of registered agent and provided as applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 '01		
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *E. Chiotis* **4/4/01 E Chiotis Director** **(305) 822-3656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CK2E034 (11/00)