2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P97000091111

Mailing Address

1. Entity Name

AMC FINANCIAL CONSULTANTS, INC.



May 05, 2003 8:00 am Secretary of State

05-05-2003 90363 007 ***150.00

SUITE 303 NORTH MIAMI BEACH FL 33162			SUITE	16855 NORTHEAST 2 AVE SUITE 303 NORTH MIAMI BEACH FL 33162								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	4. FEI Number 65-0794786 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip		Country		Certificate of Status Desired		\$8.75 Ac	ditional	
	6. Name	and Address of	Current Registere	ed Agent			7. N	lame and Address of New R	egistered	Agent		
	<u> </u>					Name						
CASTANO, ANGELA M.							Street Address (P.O. Box Number is Not Acceptable)					
16855 NE 2ND AVE				Street Add			11622 (F.O. DI	ox Number is Not Acceptable	,			
STE 303												
NORTH MIAMI BEACH FL 33162						City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Coo	le	
8. The above n			ement for the purp	ose of changing its	registere	d office or re	egistered age	ent, or both, in the State of Flo	rida. Lam	familiar with	and accept	
SIGNATURE	Signature, typed	or printed name of registe	ered agent and title if app	ficable. (NOTE	: Registered	Agent signature	required when rei	instating)	DATE			
EII	E NOW!!	! FEE IS \$150	00	 _								
		3 Fee will be \$5					}	9. Election Campaign Fin)0 May Be	
Make Check	Payable to	Florida Departi	ment of State					Trust Fund Contribution	n. L	⊥ Adde	d to Fees	
Make Check I	Payable to	 _	ment of State	RS	11.		ADI	Trust Fund Contribution DITIONS/CHANGES TO OFF				
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10.	PSD	 _				Į.	ADI			D DIRECTOR	S IN 11	
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reflesy verifying the minimation supplied with this limit does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

Daytime Phone #