## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # P97000108296 Feb 26, 2000 8:00 am **Secretary of State** A M H U FINANCE & INVESTMENTS, INC. 02-26-2000 90045 049 \*\*\*158.75 Mailing Address Principal Place of Business 888 BRICKELL KEY DR..#2000 888 BRICKELL KEY DR..#2000 MIAMI FL 33131-2668 MIAM! FL 33131 Principal Place of Business 320 \ACK 220982 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE WOOD Not Applicable MOOD\$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ULLRICH, AXEL M.H. 888 BRICKELL KEY DR., #2000 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or register FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ULLRICH, AXEL M.H. NAME ULLRICH, AXEL M.H. NAME 888 BRICKELL KEY DR., #2000 STREET ADDRESS STREET ADDRESS 320 JACKSON ST., HOLLY WOOD BEACH, CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change \_\_\_\_Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this jiting 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 feceiver 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