

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000015368** ✓

1. Entity Name

American Marketing Enterprises, Inc.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90095 006 ***150.00

Principal Place of Business

Mailing Address

10633 W. Atlantic Blvd.

SAME AS BUSINESS

Coral Springs, Florida 33071

825795

2. Principal Place of Business

10633 W. Atlantic Blvd.

3. Mailing Address

10633 W. Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs Florida

City & State

Coral Springs, Florida

4. FEI Number

65-0811431

Applied For

Not Applicable

Zip

33071

Country

Broward

Zip

33071

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

Katherine Linzer
7751 Springfield Lake Dr.
Lake Worth, FL 33467

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kath Linzer President

3/16/00

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 ☐ Delete
NAME Katherine Linzer
STREET ADDRESS 7751 Springfield Lake Dr.
CITY-ST-ZIP Lake Worth, FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

(954) 227-9777

Daytime Phone #

CR2E034 (9/99)