

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90030 045 ***150.00

DOCUMENT # P98000017651

1. Entity Name

ADVANCED MULTIMEDIA GROUP, INC.

Principal Place of Business

**1220 COLLINS AVE
 STE 220
 MIAMI BEACH FL 33139
 US**

Mailing Address

**1220 COLLINS AVE
 STE 220
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0840562**

Applied For

Not Applicable

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

**HOTEHAULTANI, RAMAL
 1120 COLLINS AVE
 MIAMI BEACH FL 33139**

Name **HOTCHANDANI, KAMAL**

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

1220 COLLINS AVE

STE 220

City

MIAMI BEACH

FL

Zip Code

33139

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

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, 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 11

TITLE **D** ☐ Delete
 NAME **HOTCHANDANI, KAMAL**
 STREET ADDRESS **1655 WASHINGTON AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D/P/T** ☒ Change ☐ Addition
 NAME **HOTCHANDANI, KAMAL**
 STREET ADDRESS **1220 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **CEO** ☐ Delete
 NAME **FARMER, ROBERT**
 STREET ADDRESS **1120 COLLINS AVE STE 220**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D/CEO/S** ☒ Change ☐ Addition
 NAME **ROBERT FARMER**
 STREET ADDRESS **1220 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PTD** ☒ Delete
 NAME **HOTCHANDANI, KAMAL**
 STREET ADDRESS **1120 COLLINS AVE STE 220**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **JORGE P. MONTOYA**
 STREET ADDRESS **EDIFICIO P+G, CALLE ALTAGRECIA URB.**
 CITY-ST-ZIP **CARACAS, VENEZUELA 1080**

TITLE **D** ☒ Delete
 NAME **GUARDIA, OSCAR**
 STREET ADDRESS **1120 COLLINS AVE STE 220**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **JAMES F. CLEARY**
 STREET ADDRESS **1220 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S** ☒ Delete
 NAME **VASWANI, BALRAM**
 STREET ADDRESS **1220 COLLINS AVE STE 220**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDREW BANKS**
 STREET ADDRESS **1220 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **WILLIAM BURRINGTON**
 STREET ADDRESS **3455 ROYAL PALM AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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:

KAMAL HOTCHANDANI

FEB 9, 2001

305 674 9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)