

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA8000023382

Entity Name

Amira Homes, Inc.

Principal Place of Business Mailing Address
13605 South Dixie Hwy
Suite 434 Miami FL 33156

2. Principal Place of Business 3. Mailing Address
SAME SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FLA

Zip Country Zip Country
33176

6. Name and Address of Current Registered Agent

Emory Howard B Esq
9100 South Dadeland Blvd
910
Miami FL 33156

4. FEI Number Applied For
65-083485 Not Applicable

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

7. Name and Address of New Registered Agent

Name Emory
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 <u>PS</u> <input type="checkbox"/> Delete NAME <u>Amira Ronald</u> STREET ADDRESS <u>13605 South Dixie Hwy</u> CITY-ST-ZIP <u>Suite 434 Miami FL 33176</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>400004475744</u> STREET ADDRESS <u>-07/16/01--01011--003</u> CITY-ST-ZIP <u>****558.75 ****558</u>
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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: _____ Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE