

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024559

1. Entity Name

AME PROPERTIES, CORP.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90095 027 \*\*\*150.00

Principal Place of Business

Mailing Address

7700 N KENDALL DR. STE 505  
MIAMI FL 33156

7700 N KENDALL DR. STE 505  
MIAMI FL 33156-7566

2. Principal Place of Business

9495 SUNSET DR.

3. Mailing Address

9495 SUNSET DR.

Suite, Apt. #, etc.

B-230

Suite, Apt. #, etc.

B-230

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

DADE

Zip

33173

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0819874

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

SUEIRAS, ALBERT

7700 N KENDALL DR. STE 505  
MIAMI FL 33156

Name

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

9495 SUNSET DR. # B 230

City

MIAMI

FL

Zip Code

33173

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

1/7/00

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 VDT ☐ Delete  
NAME SIERRA, MIGUEL  
STREET ADDRESS 7700 N KENDALL DR STE 505  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 9495 SUNSET DR. # B 230  
CITY-ST-ZIP MIA FL 33173

TITLE VD ☐ Delete  
NAME RODRIGUEZ, JOSE  
STREET ADDRESS 9558 SW 166 CT  
CITY-ST-ZIP MIAMI FL 33196

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

TITLE PSD ☐ Delete  
NAME SUEIRAS, ALBERT  
STREET ADDRESS 7700 N KENDALL DR. STE 505  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 9495 SUNSET DR. # B 230  
CITY-ST-ZIP MIA FL 33173

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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  
SUEIRAS

Date

1/7/00

Daytime Phone #

279-7655