

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036659

1. Entity Name

A&M BUSINESS INTERNATIONAL COMPANY

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90135 024 \*\*\*150.00

Principal Place of Business

25 SE 2ND AVE  
301  
MIAMI FL 33131  
US

Mailing Address

25 SE 2ND AVE  
301  
MIAMI FL 33131-1509  
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 65-0829712

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

LENFERS, ALEXANDER  
540 BRICKELL KEY DR  
APT 1604  
MIAMI FL 33131

Name  
LENFERS, ALEXANDRE  
Street Address (P.O. Box Number is Not Acceptable)  
10278 NW 51 TERRACE  
City MIAMI FL Zip Code 33178

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

*Alexandre Lenfers*

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

(NOTE: Registered Agent signature required when reinstating)

04/11/00

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, 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	D	<input type="checkbox"/> Delete
NAME	LENFERS, ALEXANDRE	
STREET ADDRESS	540 BRICKELL KEY DR APT 1604	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>VIEIRA, MAGDA S</del>	
STREET ADDRESS	<del>7741 S.W. 182ND TERRACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33157</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENFERS, ALEXANDRE	
STREET ADDRESS	10278 NW 51 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Alexandre Lenfers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/00

Date

Daytime Phone #

CR2E034 (9/99)