

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043886

1. Entity Name

AMEK INTERNATIONAL TRADING CO.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90052 023 ***150.00

Principal Place of Business

Mailing Address

10957 BAR HARBOR DRIVE
BOCA RATON FL 33498
US

10957 BAR HARBOR DRIVE
BOCA RATON FL 33498
US

2. Principal Place of Business

4800 S.W. 51st STREET

3. Mailing Address

4800 S.W. 51st STREET

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

59-3512686

Applied For

Not Applicable

Zip

33314

Country

U.S.A.

Zip

33314

Country

U.S.A.

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

MAMAN, MYRA
10957 BAR HARBOR DRIVE
BOCA RATON FL 33498

Name
MAMAN, MYRA

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

4800 S.W. 51st STREET

SUITE 106

City
DAVIE

FL

Zip Code
33314

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

3-7-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAMAN, ANDRE
1-957 BAR HARBOR DRIVE
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAMAN, ANDRE
4800 S.W. 51st STREET, SUITE 106
DAVIE, FL 33314 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

3-7-00 (954) 7923200