

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90006 020 \*\*\*158.75

**DOCUMENT # P98000043886**

1. Entity Name

**AMEK INTERNATIONAL TRADING CO.**

Principal Place of Business

**4800 S.W. 51ST STREET  
 SUITE 106  
 DAVIE FL 33314  
 US**

Mailing Address

**4800 S.W. 51ST STREET  
 SUITE 106  
 DAVIE FL 33314  
 US**

2. Principal Place of Business

**4100 North Powerline Road**

Suite, Apt. #, etc.

**J5**

City & State

**Pompano Beach FL**

Zip

**33073**

Country

**U.S.A.**

3. Mailing Address

**4100 North Powerline Road**

Suite, Apt. #, etc.

**J5**

City & State

**Pompano Beach FL**

Zip

**33073**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3512686**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MAMAN, MYRA**

**4800 S.W. 51ST STREET**

**SUITE 106**

**DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

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

**4100 North Powerline Road,**

**Suite J5**

City

**Pompano Beach**

**FL**

Zip Code

**33073**

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]*

**MYRA MAMAN**

**01 09 2002**

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, 2002 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

TITLE **PSTD** ☐ Delete  
 NAME **MAMAN, ANDRE**  
 STREET ADDRESS **4800 S.W. 51ST STREET SUITE 106**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **STD** ☒ Delete  
 NAME **SCHWARTZ, SAMUEL**  
 STREET ADDRESS **4800 SW 51ST STREET STE 106**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4100 North Powerline Road, suite J5**  
 CITY-ST-ZIP **Pompano Beach, FL 33073**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED  
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01 09 2002 954-580 2575**

Date

Daytime Phone #

CR2E034 (9/01)