

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044758

1. Entity Name

AMAZON LINES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90263 040 \*\*\*158.75

Principal Place of Business

Mailing Address

RACQUET CLUB ROAD

543 RACQUET CLUB ROAD

#33

#33

WESTON FL 33326

WESTON FL 33326-3420

2. Principal Place of Business

3. Mailing Address



Antonio J. Rojas  
1773 Ibis Ln.  
Weston, FL 33327



Antonio J. Rojas  
1773 Ibis Ln.  
Weston, FL 33327



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848517

Applied For  
Not Applicable

Zip

Country

USA

Zip

Country

USA

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

Name

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

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, 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	ROJAS, ANTONIO J	
STREET ADDRESS	543 RACQUET CLUB ROAD #33	
CITY-ST-ZIP	WESTON FL 33326	
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio J. Rojas	
STREET ADDRESS	1773 Ibis Ln.	
CITY-ST-ZIP	Weston, FL 33327	
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:

*Antonio J. Rojas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00  
Date

954-217-7609  
Daytime Phone #

CR2E034 (9/99)