## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P98000047500 May 19, 2000 8:00 am Secretary of State A & M NATIONAL ENTERPRISES, INC. 05-19-2000 90178 048 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 540158 P.O. BOX 540158 MERRITT ISLAND FL 32954 MERRITT ISLAND FL 32954-0158 ---2. Principal Place of Business 3. Mailing Address 270 MEADOWBROOK DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0838536 MERANT ISLAND Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3 2*953* BREVARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P/5/T/D **PSTD** Change TITLE ☐ Delete TITLE VENDETTE ANDRE VENDETTE, ANDRE NAME NAME 270 MEADOWBROOK AVE. 553 SOUTHWEST VIOLET AVENUE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete TITLE VENDETTE, JEANINE B VENDETTE, JEANINE B NAME NAME 270 MEADOWBROOK AVE, 553 SOUTHWEST VIOLET AVENUE STREET ADDRESS STREET ADDRESS MERRITT ISLAMD, FL 32953 CITY-ST-7IP PORT SAINT LUCIE FL 34983 CITY-ST-ZIP Addition TITLE ☐ Delete LEMIEUX, MICHEL LEMIEUX.\*MICHEL -NAME NAME 2650 SW 154 TH AVENUE 553 SOUTHWEST VIOLET AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33331 PORT SAINT LUCIE FL 34983 CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

3. I hereby certify that the information supplied with this filling 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

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CITY-ST-7IP

anther Karstell

ANDRE VENDETTE

4-26-00

321-449-4650

Daytime Phone #

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