2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000049895** May 04, 2000 8:00 am Secretary of State AMEZNER CORPORATION 05-04-2000 90138 046 ***150.00 Mailing Address Principal Place of Business 1741 CLEVELAND ROAD 1741 CLEVELAND ROAD MIAMI BEACH FL 33141-1720 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0841345 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOVANOVIC: DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 888 S.E. 3RD AVE. SUITE 400 FORT LAUDERDALE FL 33316 Zip Code City 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE Change ☐ Addition TITLE POZMENTIER, ALBERT NAME NAME STREET ADDRESS 1741 CLEVELAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Addition ☐ Change Delete TITLE TITLE POZMENTIER, MIREILLE NAME NAME STREET ADDRESS 1741 CLEVELAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete DIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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, who all other like empowered.

NIED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENTION

ASIGNATURE AND TYPED OR

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