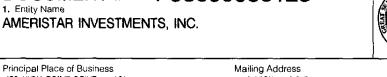
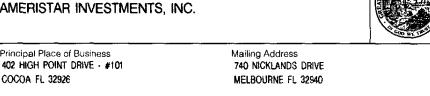
## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90085 044 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P98000056123 DOCUMENT #





AMICHIOT	AH IIVESTMENTS, INC.			j					
Principal Place of Business 402 HIGH POINT DRIVE - #101 COCOA FL 32926		740 NIC	Mailing Address 740 NICKLANDS DRIVE MELBOURNE FL 32940			TO THE REPORT OF THE PERSON OF	<b>BB</b> 18 <b>BB18</b> 1	1111 <b>4 0</b> 11 <b>1</b> 11 (1111	<b>1</b> 11 <b>311</b> 1111 1 <b>11</b> 1
2. Principal Place of Business 3			3. Mailing Address						
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	City &	City & State			4. FEI Number 65-0847689		<b>⊢</b>	pplied For lot Applicable
Zip			Zip Cour		ry 	5. Certificate of Status Desired		\$8.75 Ad Fee Requir	
6. Name and Address of Current Registered Agent						7. Name and Address of New Reg	gistered /	Agent	
					Name				
	JENDRA R		-		Street Address	(P.O. Box Number is Not Acceptable)			
402 HIGH POINT DRIVE - #101									
COCOA F	FL 32926								
					City		FL	Zip Cod	de
	named entity submits this statementions of registered agent.	t for the purpos	e of changing its	registere	d office or registe	ered agent, or both, in the State of Florid	da. I am f	amiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applica	able. (NOTE	: Registered	Agent signature require	id when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Efection Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees
10.		ND DIRECTORS	S	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	₹S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SHAH, RAJENDRA R 740 NICKLAUS DRIVE MELBOURNE FL 32940		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Delete SHAH, SUNIL N 158 BLANDING BOULEVARD DRANGE PARK FL 32073						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1				Change	Addition
TITLE			☐ Delete	TITLE				☐ Change	Addition

CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS