## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** P98000060986 1. Entity Name A.M. DESIGN, INC. 04-29-2002 90179 011 \*\*\*150 00 Principal Place of Business Mailing Address 10210 SW 154 PLACE 10210 SW 154 PLACE 103 B0080540 tΩ1 **MIAMI FL 33196** MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 5120 SW. 56 Ave SIAO SW 156 AVR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920770 4i ami をし 41 ami Not Applicable Country A \$8.75 Additional S A د 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent rerera PERERA. MARIO M Street Address (P.O. Box Number is Not Acceptable) 10210 SW 154 PLACE 103 MIAMI FL 33196 City 8. The above named its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete President CR2E034 (9/01) Change ☐ Addition PERERA, MARIO M NAME Mario M. Perera NAME 10210 SW 154 PL #103 STREET ADDRESS STREET ADDRESS 15120 sw 156 Ave MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP <u>M</u>iami, Fl 33196 ☐ Delete TITLE vice President Change ■ Addition NAME PERERA, DIANE NAME Diane Receca STREET ADDRESS 10210 SW 154 PL #103 STREET ADDRESS SIAO SW 156 AVE CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP iami Fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP I hereby certify that the information supplied with in-indicated on this report or supplemental report is true does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this aport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee er SIGNATURE:

ID TIPED OR PRINTED NAME OF SIGNING OFFICER OR