

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070482

1. Entity Name

A & M REAL ESTATE VENTURES, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90131 039 ***150.00

Principal Place of Business

165 BOUGAINVILLEA ST. N.E.
LAKE PLACID FL 33852

Mailing Address

165 BOUGAINVILLEA ST. N.E.
LAKE PLACID FL 33852

2. Principal Place of Business

P.O. BOX 429

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 429

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

City & State

Lake Placid, Florida

4. FEI Number

65-0859081

Applied For

Not Applicable

Zip

Country

33862 0429

Zip

Country

33862 0429

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

WARNER, ALAN
165 BOUGAINVILLEA ST. N.E.
LAKE PLACID FL 33852

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, 2001 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 PD ☐ Delete
NAME WARNER, ALAN
STREET ADDRESS 165 BOUGAINVILLEA ST. N.E.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WARNER, MARIA G
STREET ADDRESS 165 BOUGAINVILLEA ST. N.E.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

863-699-2842

Daytime Phone #

CR2E034 (10/00)