2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082488

1 Entity Name

SIGNATURE:

AMAS DEVELOPMENT CORPORATION - NAVARRO ISLE

Mailing Address Principal Place of Business 1103 E LAS OLAS BLVD. STE 200 1103 E LAS OLAS BLVD. STE 200 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301-2315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 62-0917703 Applied For 4. FEI Number City & State City & State -APPHIEDIFOR-Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIFF, JUSTEN D Street Address (P.O. Box Number is Not Acceptable) 1103 E LAS OLAS BLVD, STE 200 FORT LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered egent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. 66/6 Addition Delete TITLE TITLE NAME SHIFF, MICHAEL A NAME 겼 STREET ADDRESS STREET ADDRESS 1103 E LAS OLAS BLVD, STE 200 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Change ☐ Addition Delete TITLE TITLE VSD SHIFF, JUSTEN D NAME STREET ADDRESS 1103 E LAS OLAS BLVD, STE 200 STREET ADDRESS CITY-ST-71P CITY-ST-ZIP FORT LAUDERDALE FL 33301 Addition Delete TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-709 CITY-ST-ZIP ☐ Change Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 true as a papears in Block 11 or Block 12 if of the corporation or the receiver or true changed, or on an attachment with an

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FILED

Jun 05, 2000 8:00 am Secretary of State

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