

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**  
 07-25-2000 90101 011 \*\*\*150.00

DOCUMENT # **661823**  
 Entity Name **AMI AGENCIES, INC.**

Principal Place of Business Mailing Address  
**8401 N.W. 53rd Terrace**  
**Suite No. 105**  
**MIAMI, FL 33166**

000049



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1998679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERNANDO CAJALE**  
**520 BRICKELL KEY DRIVE**  
**APT. 1400**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name **Fernando Cajale**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8401 N.W. 53rd Terrace**  
**Suite 105**  
 City **Miami** FL Zip Code **33166**

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: **July 21 / 00**

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FERNANDO CAJALE 520 BRICKELL KEY DR APT 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: DATE: **July 21 / 00**