

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P98000101021

1. Entity Name
AMALIA, INC.

Principal Place of Business
**36 N.E. FIRST STREET
SUITE 210
MIAMI FL 33132**

Mailing Address
**36 N.E. FIRST STREET
SUITE 210
MIAMI FL 33132**

FILED
00 DEC 29 AM 8:34
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0911192		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent DIAMOND, KEITH D 46 S.W. FIRST STREET FOURTH, FLOOR MIAMI FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUHRMAN, DAN 36 N.E. FIRST STREET SUITE 210 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED _____ **DAN FUHRMAN** 10-16-0 305-373-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

20f2

DRU D. LASHBROOK & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook

*Member of the
Florida Institute of
Certified Public Accountants*

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Telephone: (954) 581-8112
Fax: (954) 581-2554
lashbrook@lbrook.com

December 20, 2000

Florida Department of State
Division of Corporations
Attn: Michelle Milligan
P.O. Box 6327
Tallahassee, Florida 32314

RE: Amalia, Inc.
Document # P98000101021

Dear Michelle:

Enclosed please find the 2nd Notice UBR report for the above referenced taxpayer along with a letter denying our previous request. The taxpayer **never received the 1st notice and the 2nd notice was not received until after September 22, 2000**, therefore we are requesting that the originally filing fee of \$150.00 be accepted. The taxpayer contacted the State and was told to explain this situation in writing and that the original filing fee would be accepted.

Enclosed is a check for payment on the original Annual Report of \$150.00, please accept this payment for the reasons stated above. Your consideration and assistance in this matter is greatly appreciated. If you should have any questions, please contact our office. Thank you.

Sincerely,

DRU D. LASHBROOK & ASSOCIATES, P.A.



Brian H. Wollard, CPA

BHW/kd
Enclosures