

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000103503**

1. Entity Name
A.M.T. SUPERMARKETS, INC.

FILED

Apr 29, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
2969 SW 32 AVE MIAMI 33133		5801 SE 40 ST BLDG E MIAMI 33155	
FL		FL	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
BLDG E		BLDG E	

City & State		City & State	
MIAMI 33126		MIAMI FL	
Zip	Country	Zip 33155	Country

4. FEI Number	Applied For
65-0884907	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARQUEZ JOSE MESQ. 782 N.W. LEJEUNE ROAD SUITE 548 MIAMI 33126		Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		FL Zip Code	

DO NOT WRITE IN THIS SPACE

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.

04/29/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	VD MILAM MAX E 1480 SW 155 AVE Q FORT LAUDERDALE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIXON MARIE M 15854 SW 143RD PLACE MIAMI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILAM MICHAEL S 17411 NW 8TH STREET PEMBROKE PINES	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILAM ALLEN R 18001 SW 55TH STREET FT LAUDERDALE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 807, 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: **MICHAEL S. MILAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD 04/29/2001

Date

Daytime Phone #

CR2E034 (11/00)