

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000103503**1. Entity Name
A.M.T. SUPERMARKETS, INC.

Principal Place of Business

2969 SW 32 AVE

MIAMI
33133

FL

Mailing Address

5801 SE 40 ST

BLDG E
MIAMI
33155

FL

2. Principal Place of Business

3. Mailing Address

5801 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
BLDG E

City & State

City & State
MIAMI

FL

Zip

Country

Zip

Country

33155

4. FEI Number

65-0884907

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARQUEZ JOSE MESQ.
782 N.W. LEJEUNE ROAD
SUITE 548
MIAMI
33126

FL

7. Name and Address of New Registered Agent

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 _____ **04/29/2001**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MILAM MAX E	
STREET ADDRESS	1480 SW 155 AVE Q	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIXON MARIE M	
STREET ADDRESS	15854 SW 143RD PLACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILAM MICHAEL S	
STREET ADDRESS	17411 NW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILAM ALLEN R	
STREET ADDRESS	18001 SW 55TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM MAX E	
STREET ADDRESS	1480 SW 155 AVE	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM MICHAEL S	
STREET ADDRESS	2571 JARDIN COURT	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL S. MILAM

VD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)