

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90191 036 ***150.00

C0073879

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000015137

1. Entity Name
 Advanced Martial Concepts Inc.

Principal Place of Business
 91 Willow Rd.
 #202
 Tequesta, FL 33469

Mailing Address
 91 Willow Rd.
 #202
 Tequesta, FL 33469

2. Principal Place of Business
 8895 N. Military Trail
 Suite, Apt. #, etc.
 Bldg. E Suite 106
 City & State
 Palm Beach Gardens, FL
 Zip
 33410
 Country
 USA

3. Mailing Address
 8895 N. Military Trail
 Suite, Apt. #, etc.
 Bldg. E Suite 106
 City & State
 Palm Beach Gardens, FL
 Zip
 33410
 Country
 USA

4. FEI Number
 65-0908128

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Alfonso Ocasio
 8895 N. Military Trail
 Bldg. E Suite 106
 Palm Beach Gardens, FL 33410

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 Alfonso Ocasio Director/President 4/17/00
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. ☒ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | President |
| STREET ADDRESS | | STREET ADDRESS | Alfonso Ocasio |
| CITY-ST-ZIP | | CITY-ST-ZIP | 6190 DANIA ST. Jupiter, FL 33458 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Alfonso Ocasio 4/17/00 (561) 624-1457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)