

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030417

1. Entity Name

AMERICAN MERCHANT SYSTEMS, INC.

Principal Place of Business

603 LONGBOAT CLUB ROAD
SUITE 603N
LONGBOAT KEY FL 34228

Mailing Address

603 LONGBOAT CLUB ROAD
SUITE 603N
LONGBOAT KEY FL 34228-3809

2. Principal Place of Business

1312 APOLLO BEACH BLVD

Suite, Apt. #, etc.

SUITE A

City & State

APOLLO BEACH FLORIDA

Zip

33572

Country

USA

3. Mailing Address

1312 APOLLO BEACH BLVD

Suite, Apt. #, etc.

SUITE A

City & State

APOLLO BEACH FL

Zip

33572

Country

USA

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 023 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

650907474

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE: **PSTD**
NAME: **RUBIN, IRA N**
STREET ADDRESS: **603 LONGBOAT CLUB ROAD**
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

813-641-8448

Daytime Phone #