

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031786

1. Entity Name

AMT INTERNATIONAL CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90101 034 ***150.00

Principal Place of Business

222 LAKEVIEW AVENUE
SUITE 160-309
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE
SUITE 160-309
WEST PALM BEACH FL 33401-6145

2. Principal Place of Business

1122 THE POINTE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1122 The Pointe Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0911961

Applied For

Not Applicable

Zip

33409

Country

U.S.A.

Zip

33409

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

JOSE A. ARANGO

Street Address (B.O. Box Number is Not Acceptable)

1122 THE POINTE DRIVE

City

WEST PALM BEACH

FL

Zip Code

33409

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ARANGO, JOSE A
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160-309
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE VSTD
NAME HERNANDEZ, ADOLFINA L
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 160-309
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-19-00 (561) 6866764

CR2E034 (9/99)