

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033895

1. Entity Name

AMG DEVELOPMENT, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90058 041 \*\*\*150.00

Principal Place of Business

3800 S OCEAN DR  
SUITE 205  
HOLLYWOOD FL 33019

Mailing Address

3800 S OCEAN DR  
SUITE 205  
HOLLYWOOD FL 33019-2915

2. Principal Place of Business

3800 S. Ocean Drive

Suite, Apt. #, etc.

Suite 216

City & State

Hollywood FL

Zip

33019

Country

Broward

3. Mailing Address

3800 S. Ocean Drive

Suite, Apt. #, etc.

Suite 216

City & State

Hollywood FL

Zip

33019

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918715

Applied For

Not Applicable

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

MOPSICK, MICHAEL D  
7777 GLADES RD  
SUITE 200  
BOCA RATON FL 33434

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ADICKMAN, ROSS F  
STREET ADDRESS 3800 S OCEAN DR SUITE 205  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE V  
NAME GOMEZ, ALEJANDRO  
STREET ADDRESS 3800 S OCEAN DR SUITE 205  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE ST  
NAME MOPSICK, ADAM J  
STREET ADDRESS 3800 S OCEAN DR SUITE 205  
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

954-458-7828

CR2E034 (9/99)