

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000040431**

1. Entity Name

**AMIGAS VENTURE GROUP, INC.**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90062 029 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5600 NW 36 ST~~  
~~SUITE 104~~  
~~MIAMI FL 33159~~

2. Principal Place of Business

**4770 BISCAYNE BLVD**

3. Mailing Address

**4770 BISCAYNE BLVD**

Suite, Apt. #, etc.

**700**

Suite, Apt. #, etc.

**700**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33137**

Country

**USA**

Zip

**33137**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0949645**

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

**MATTO, JOSE F.**  
**5600 NW 36 STREET**  
**SUITE 104**  
**MIAMI FL 33159**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/26/00**

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>JOSE F. MATTO</b>	
STREET ADDRESS	<b>P O BOX 590750</b>	
CITY-ST-ZIP	<b>MIAMI FL 33159-0750</b>	
TITLE	<b>V.P.S.D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRY VANCE JR.</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>V.P.T</b>	<input type="checkbox"/> Delete
NAME	<b>KANDOLAH R. MCKEAN</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL ARAYNO</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANLEY MCKEAN</b>	
STREET ADDRESS	<b>4770 BISCAYNE BLVD #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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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 a business, with all other like empowered.

SIGNATURE:

*[Signature]*

Date

Daytime Phone #

**03/26/00 (305) 876-9747**

CR2E034 (9/99)