

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054872

1. Entity Name

AMGS INDUSTRIES, INC.

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

03-31-2000 90054 003 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN RD. SUITE 325
MIAMI BEACH FL 33139

1111 LINCOLN RD. SUITE 325
MIAMI BEACH FL 33139-2439

2. Principal Place of Business

1035 NE 125 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH MIAMI, FL
City & State

City & State

4. FEI Number

65-0932504

Applied For

Not Applicable

Zip

33161

Country

MIAMI DADE

Zip

Country

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

GOUDISS, MORTON R
1111 LINCOLN RD, SUITE 325
MIAMI BEACH FL 33139

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

FRANK M Seiden Gen Mgr. *Frank M Seiden* Gen Mgr. *3-21-00*
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.
(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
NAME ANNE M. GARAMI P/D ☐ Delete
STREET ADDRESS 1680 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI BEACH, FL. 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

Frank M Seiden ANNE M. GARAMI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00
Date

305
Daytime Phone #

M Gen Mgr & Director & Treasurer

CR2E034 (9/99)