

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059032

Entity Name

AMARAFLO INTERNATIONAL CORP.

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

01-19-2000 90106 013 \*\*\*150.00

Principal Place of Business

S.W. 94TH PLACE  
FL 33173

Mailing Address

5735 S.W. 94TH PLACE  
MIAMI FL 33173-1538

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0931730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNEPPER, DAVID  
5735 S.W. 94TH PLACE  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><b>D</b> <input type="checkbox"/> Delete HAMER, ANDREW N 5735 S.W. 94TH PLACE MIAMI FL 33173</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><b>D</b> <input type="checkbox"/> Delete KNEPPER, DAVID 5735 S.W. 94TH PLACE MIAMI FL 33173</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 OF ANDREW N. HAMER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 305-261-7605  
Date Daytime Phone #

CR2E034 (9/99)