

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90045 015 ***150.00

DOCUMENT # P99000060644

1. Entity Name
ASSEMBLY MASTERS OF AMERICA INC.

Principal Place of Business: **7500 SW 161 place MIAMI FL 33193**
 Mailing Address: **P.O. BOX 66-8035 MIAMI FL 33166-8035**

775036

2. Principal Place of Business: **7500 SW 161 place**
 3. Mailing Address: **P.O. BOX 66-8035**

DO NOT WRITE IN THIS SPACE

City & State: **MIAMI FL** City & State: **MIAMI FL** 4. FEI Number: **65-0986505**
 Applied For: Not Applicable:
 Zip: **33193** Country: **USA** Zip: **33166-8035** Country: **USA** 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **Gustavo Cegas, 5903 NW 111 AVE, MIAMI FL 33178**
 7. Name and Address of New Registered Agent: **GUSTAVO CEGAS, 7500 SW 161 PLACE, MIAMI FL 33193**

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: *Gustavo Cegas* **President** DATE: **09/04/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		GUSTAVO CEGAS	
		President/Secretary	
		7500 SW 161 PLACE	
		MIAMI FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		V. President/Treasurer	
		MELLY P. HERNANDEZ	
		7500 SW 161 PLACE	
		MIAMI FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 those I am empowered.

SIGNATURE: *Gustavo Cegas* **Gustavo Cegas** **9/04/01** **305 752 9985**

CR2E034 (5/01)

Attachment
P99000060644
775036

Dear Sirs;

9/04/01

TO Whom it MAY CONCERN;

Please Accept our Application
For Renewal AND our check
For \$150.⁰⁰. We Did not Receive
our 1st Notice or our 2nd Notice
For Renewal. they were Sent
back to you; please check your
Files AND you will see they were
Returned to you. the US Post
Office never Forwarded them
to us. We Appreciate your
cooperation in this matter.
We thank you.

Sincerely
[Signature]
Gus Ceps

Ref: ASSEMBLY MASTERS INC
OF America

(305) 752-9905

Doc # P99000060644 Thank You.