

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0700173 IN

DOCUMENT # P99000063779

1. Entity Name
AMDX CORPORATION



FILED

03 AUG 14 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1188 RICHARDS STREET
#405
VANCOUVER, BC V6B 3E6 CANADA

Mailing Address
1188 RICHARDS STREET
#405
VANCOUVER, BC V6B 3E6 CANADA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0935018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JORGE E
8005 SW 107 AVENUE
111
MIAMI FL 33173

Name MARTINEZ, JORGE E.

Street Address (P.O. Box Number is Not Acceptable)
131 MENORES AV. # 109

City CORAL GABLES,

FL

Zip Code 33134

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JORGE E. MARTINEZ

(NOTE: Registered Agent signature required when reinstating)

03/24/03

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | ROJAS, ADELFA | |
| STREET ADDRESS | 8005 SW 107 AVENUE # 111 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROJAS, ADELFA | |
| STREET ADDRESS | 8005 SW 107 AVENUE # 111 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, JORGE | |
| STREET ADDRESS | 8005 SW 107 AVENUE # 111 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MARTINEZ, JULIAN | |
| STREET ADDRESS | 8005 SW 107 AVENUE # 111 | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | PVST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | 131 MENORES AV. # 109 | |
| CITY-ST-ZIP | CORAL GABLES, FL. 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, ADELFA | |
| STREET ADDRESS | 131 MENORES AV. # 109 | |
| CITY-ST-ZIP | CORAL GABLES, FL. 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ, JORGE | |
| STREET ADDRESS | 131 MENORES AV. # 109 | |
| CITY-ST-ZIP | CORAL GABLES, FL. 33134 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 199.07(2)(b) 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 10 or Block 11 if changed, or on an attachment to this filing, with a signer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE E. MARTINEZ

03/24/03

(604) 725-1763

Date

Daytime Phone #

CR2E034 (10/02)



Amdx Corporation

Aug/01/2003

Att: Reinstatement Section
Sector of state
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Reff: UBR#: P99000063779
Amdx Corporation

To whom it may concern,

On March 24, 2003 the UBR for AMDX Corporation was mailed along with the \$150.00 filing fee. On July 20th, we received a second request to file the UBR. Bank records show the cheque has not cleared. Your office was notified.

The officer at the Annual Reports Division instructed to resubmit a signed photocopy of the original report, and a new \$150.00 check along with a letter explaining the situation.

Enclosed is a copy of the UBR sent on March 24, 2002, and a new corporate cheque to cover the \$150.00 filing fee.

Please expedite the filing of this report.

Thank you,

Jorge E. Martínez
Director
AMDX Corporation
(604) 725-1763