

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90035 032 ***150.00

DOCUMENT # P99000064953

1. Entity Name
AM DISTRIBUTION OF MIAMI INC.

Principal Place of Business

Mailing Address

13323 SW 59TH TERR.
MIAMI FL 33183-5157

13323 SW 59TH TERR.
MIAMI FL 33183-5157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

14470 SW 51 Street

Miami, FL

33175

USA

4. FEI Number 65-0918302

Applied For

Not Applicable

5. Certificate of Status Desired ~~75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIMONE, ANGELO J
13323 SW 59TH TERR.
MIAMI FL 33183-5157

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Angelo Maimone President 01-31-01

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, MERCEDES C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13323 SW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAIMONE, ANGELO J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13323 SW 59TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01

Date

305-226-5676

Daytime Phone #

CR2E034 (10/00)