

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000068995**

1. Entity Name  
**A & M CAPITAL CORPORATION**

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**  
08-11-2000 90094 002 \*\*\*158.75

Principal Place of Business Mailing Address

**1045 N.W. 99 AVENUE**  
**PLANTATION, FL. 33322**

**A0072395**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0943157**

Applied For

Not Applicable

Zip

--Country

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

**SCOTT FORMAN, ESQ.**  
**1029 EUCLID AVENUE**  
**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

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 **PRESIDENT** ☐ Delete  
NAME **MICHAEL FORMAN**  
STREET ADDRESS **1045 NW 99 AVENUE**  
CITY-ST-ZIP **PLANTATION, FL. 33322**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**MICHAEL FORMAN, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/00**  
Date

**(904) 424-7500**  
Daytime Phone #

CR2E034 (9/99)

Attachment 100111  
A & M CAPITAL CORPORATION  
1045 N.W. 99th Avenue  
Plantation, Florida 33322  
954-424-7500  
954-424-3755 Fax

P99000068995  
A0072395

August 8, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: A & M Capital Corporation - Uniform Business Report

Gentlemen:

Enclosed please find completed Uniform Business Report and check, in the amount of \$158.75 to cover the filing fee, plus a Certificate of Status.

The enclosed report was completed on a Uniform Business Report form requested from your department, inasmuch as we never received the original form which I am told was mailed in January.

In view of the stated circumstances, please accept the enclosed and provide me with the requested Certificate of Status at your earliest convenience.

Should you have any questions, please do not hesitate to contact the undersigned. Your consideration is appreciated.

Sincerely yours,

  
Michael Forman  
President