

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P.99000076067**

1. Entity Name

AMAZON LUMBER CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 003 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1195 Marseille DR

1195 Marseille DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 7

STE 7

City & State

City & State

MIAMI BEACH

MIAMI BEACH

Zip

Country

Zip

Country

33141

US

33141

US

4. FEI Number

Applied For

65-0952314

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

B0089143

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CARLOS E. PINTO

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

1193 Marseille DR 2 MIAMI BEACH

City

MIAMI BEACH

FL

Zip Code

33141

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 of person or persons authorized to register agent and file if applicable

NOTE: Registered Agent Signature required when reinstating

DATE

04-30-00

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
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☒ Change ☐ Addition
P.D. Carlos Eduardo Pinto
1193 Marseille DR 2
MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-30-00 (305)868-7554

CR2F034 (0/00)