

FILED  
Aug 13, 2001 8:00 am  
Secretary of State

07-06-2001 90208 012 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084739

1. Entity Name

AMUSEMENT SOLUTIONS, INC.

Principal Place of Business

4711 TAMiami TRAIL  
MIAMI FL 33145

Mailing Address

4711 TAMiami TRAIL  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fed Number

65-0950187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIO A  
2050 CORAL WAY  
SUITE 511  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

MARLENE M. HERNANDEZ

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

4711

TAMiami TRAIL

City

MIAMI

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.

SIGNATURE

*Julio A. Rodriguez*

*Marlene M. Hernandez*

7/2/01

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
RODRIGUEZ, JULIO A  
6211 SW 4TH STREET  
MIAMI FL 33144

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
HERNANDEZ, MARLENE  
5340 SW 3RD STREET  
MIAMI FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Julio A. Rodriguez* *Marlene M. Hernandez*

DATE

305 441-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone #

Attachment Doc# P99000084739  
77451



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 1, 2001

AMUSEMENT SOLUTIONS, INC.  
4711 TAMiami TRAIL  
MIAMI, FL 33145

SUBJECT: AMUSEMENT SOLUTIONS, INC.  
Ref. Number: P99000084739

~~Please be advised, we have received your annual report/uniform business report;~~  
however, the report **has not been filed** and a copy is being returned for the  
following correction(s):

Florida law does not allow an entity to serve as its own registered agent.  
Designate a registered agent, other than the entity, with a street address in  
Florida. The agent must sign if this is a change from the registered agent  
previously filed with this office.

After the corrections have been made, please return the report to: Division of  
Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327,  
Tallahassee, Florida 32314 within 30 days from the date of this letter.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED  
REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500,  
TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF  
THIS LETTER.**

If you have any questions concerning the filing of your document, please call  
(850) 487-6059.

Tyrone Scott  
Document Specialist

Letter Number: 201A00044479