

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23979

1. Entity Name

A.M.D. NORTH AMERICA CORPORATION

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90043 019 ***150.00

Principal Place of Business

Mailing Address

5300 N.W. 12TH AVENUE
UNIT 2
FT. LAUDERDALE FL 33309

5300 N.W. 12TH AVENUE
UNIT 2
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0239739

Applied For

Not Applicable

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

SHAFFER, ROGER
2201 CORPORATE BLVD. N
SUITE 105
BOCA RATON FL 33431

Name

DESPREUX ANDRE MICHEL

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

2761 NE 47 ST

LIGHTHOUSE POINT

City

FL

Zip Code

33064

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.

ANDRE MICHEL DESPREUX

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2001

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 ☐ Delete
NAME P
STREET ADDRESS DESPREUX, ANDRE MICHEL
CITY-ST-ZIP 2761 NE 47 ST
LIGHTHOUSE POINT FL 33064

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

TITLE ☐ Delete
NAME S
STREET ADDRESS DESPREUX, ANNIE
CITY-ST-ZIP 2761 NE 47 ST
LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)