

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90052 023 \*\*\*150.00

**DOCUMENT # P98000043886**

1. Entity Name

**AMEK INTERNATIONAL TRADING CO.**

Principal Place of Business

Mailing Address

**10957 BAR HARBOR DRIVE  
 BOCA RATON FL 33498  
 US**

**10957 BAR HARBOR DRIVE  
 BOCA RATON FL 33498  
 US**

2. Principal Place of Business

**4800 S.W. 51st STREET**

3. Mailing Address

**4800 S.W. 51st STREET**

Suite, Apt. #, etc.

**SUITE 106**

Suite, Apt. #, etc.

**SUITE 106**

City & State

**DAVIE, FLORIDA**

City & State

**DAVIE, FLORIDA**

4. FEI Number

**59-3512686**

Applied For

Not Applicable

Zip

**33314**

Country

**U.S.A.**

Zip

**33314**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAMAN, MYRA  
 10957 BAR HARBOR DRIVE  
 BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name  
**MAMAN, MYRA**

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

**4800 S.W. 51st STREET**

**SUITE 106**

City  
**DAVIE**

**FL**

Zip Code  
**33314**

8. The above named agent 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

**3-7-00**

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

TITLE  
**PSTD**  
 NAME  
**MAMAN, ANDRE**  
 STREET ADDRESS  
**1-957 BAR HARBOR DRIVE**  
 CITY-ST-ZIP  
**BOCA RATON FL 33498**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSTD**  
 NAME  
**MAMAN, ANDRE**  
 STREET ADDRESS  
**4800 S.W. 51st STREET, SUITE 106**  
 CITY-ST-ZIP  
**DAVIE, FL 33314**

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-00 (954) 7923200**

Date

Daytime Phone #

CF 1024-0001