2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90006 020 ***158.75

DOCUMENT # P98000043886

1. Entity Name
AMEK INTERNATIONAL TRADING CO.

Principal Place of Business	Mailing Address
4800 S.W. 51ST STREET SUITE 106 DAVIE FL 33314 US	4800 S.W. 51ST STREET SUITE 106 DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4100 North Powerline Road	4100 North Powerline Road
Suite, Apt. #, etc.: J5	Suite, Apt. #, etc.: J5
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33073 Country: U.S.A.	Zip: 33073 Country: U.S.A.

4. FEI Number 59-3512686 ☐ 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
MAMAN, MYRA 4800 S.W. 51ST STREET SUITE 106 DAVIE FL 33314	Name Street Address (P.O. Box Number Is Not Acceptable): 4100 North powerline Road, Suite J5 City: Pompano Beach FL Zip Code: 33073

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 MYRA MAMAN 01 09 2002
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, 2002 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	PSTD MAMAN, ANDRE 4800 S.W. 51ST STREET SUITE 106 DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4100 North Powerline Road, suite J5 Pompano Beach, FL 33073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHWARTZ, SAMUEL 4800 SW 51ST STREET STE 106 DAVIE FL 33314	☒ 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
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CR2E034 (9/01)

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 REQUIRED ANDRE MAMAN 01 09 2002 954-590 2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #