

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31631

1. Entity Name  
**AMERIPROP, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90100 017 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br><b>1656 SOUTH MIAMI AVENUE<br/>FL 33129</b> | Mailing Address<br><b>1838 SOUTH MIAMI AVENUE<br/>MIAMI FL 33129-1513</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-2105116</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |  |

6. Name and Address of Current Registered Agent

**SVALDI, MICHAEL  
1838 SOUTH MIAMI AVENUE  
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (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, 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<br><b>PD</b>                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SVALDI, MICHAEL</b>                   |                                 | NAME  |   |
| STREET ADDRESS<br><b>1838 SOUTH MIAMI AVENUE</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                   |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>D</b>                                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SVALDI, MICHAEL</b>                   |                                 | NAME  |   |
| STREET ADDRESS<br><b>1838 S. MIAMI AVE.</b>      |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                   |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                      |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                      |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                   |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                      |                                 | 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: **2-22-2000** (305) **856-6678** Daytime Phone #

CR2E034 (9/99)