

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 044 ***158.75

CR2E034 (10/02)

DOCUMENT # P02000027142

1. Entity Name
AMERIFIRE, INC.



Principal Place of Business
15670 SW 141-COURT
MIAMI FL 33177-1099

Mailing Address
15670 SW 141 COURT
MIAMI FL 33177-1099



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip - Country

3. Mailing Address
P. O. Box 770505
Suite, Apt. #, etc.
City & State
Miami, FL
Zip - Country
33177-0505 USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
REICHERT, ENRIQUE J
15670 SW 141 COURT
MIAMI FL 33177-1099

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *María T. Reichert* **María T. Reichert** **D** 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHERT, ENRIQUE J <input type="checkbox"/> Delete 15670 SW 141 COURT MIAMI FL 33177-1099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHERT, MARIA T <input type="checkbox"/> Delete 15670 SW 141 COURT MIAMI FL 33177-1099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *María T. Reichert* **María T. Reichert** **D** 4/30/03 (305) 259-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #