

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000092049**

1. Entity Name  
**AMERICAN OPPORTUNITIES, INC.**

**FILED**

02 AUG 26 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5300 SW 33 AVE SUITE 117 FORT LAUDERDALE FL 33309</b>	Mailing Address <b>5300 SW 33 AVE SUITE 117 FORT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

**65-1106105**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
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5: Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOFFECKER, CHARLES  
224 E. COMMERCIAL BLVD.  
#304  
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name <b>Hoffecker, Charles</b>
Street Address (P.O. Box Number is Not Acceptable) <b>225 NORTH FEDERAL HWY SUITE 600</b>
City <b>Pompano Beach</b>
State <b>FL</b>
Zip Code <b>33062</b>

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS HOFFECKER, CHARLES P 224 E. COMMERCIAL BLVD., #304 FORT LAUDERDALE FL 33308</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS Hoffecker, Charles P. 225 NORTH FEDERAL HWY POMPANO BEACH, FL. 33062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)

2 of 2

**August 26, 2002**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REINSTATEMENT DEPARTMENT  
ATTENTION: KATHY**

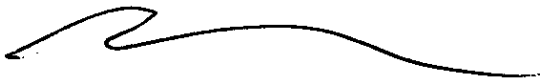
**RE: REFERENCE NUMBER P96000092049  
AMERICAN OPPORTUNITIES, INC.**

**DEAR KATHY;**

**AS PER OUR TELEPHONE CONVERSATION  
TODAY I HAVE ENCLOSED A COPY OF WHAT  
WE HAD PREVIOUSLY MAILED TO  
TALLAHASSEE ON MAY 29, 2002 WITH THE  
FEDERAL IDENTIFICATION # HAND WRITTEN.**

**IF YOU REQUIRE ANY ADDITIONAL  
INFORMATION IN ORDER TO REINSTATE AND  
SHOW AMERICAN OPPORTUNITIES, INC. AS  
CURRENT AND IN GOOD STANDING PLEASE  
CALL ME AT 954-683-2000.**

**THANK YOU**



**RICK**