## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am DOCUMENT # **\$**42649 Secretary of State 1. Entity Name 04-25-2001 91000 045 \*\*\*150.00 AIBC INTERNATIONAL FINANCE CORP. Principal Place of Business Mailing Address 67958W 74th Street South Miani, FL 33143 2. Principal Place of Business 3. Mailing Address 6795 SW 74th Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William R. Burdette Street Address (P.O. Box Number is Not Acceptable) 6795 SW 74th Street South Miani, FL 33143 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change . ☐ Addition TITLE TITLE ☐ Delete Willam R. Burdotte NAME NAME 6795 SW 74th Street South Miani, FL 33143 6795 SW 14th Street South Miani, FL 83143 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

WILLIAM R. BURDING 4/17/01 (305)479-4798
ER OR DIRECTOR DEC Dayline Phone # SIGNATURE:

vith all other like empowered

changed, or on an attachment with an