

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90044 050 ***150.00

DOCUMENT # 669173

1. Entity Name
AMERIPROPERTIES, INC.

Principal Place of Business Mailing Address
345 ALMERIA AVENUE **P. O. BOX 143746**
CORAL GABLES FL 33134 **CORAL GABLES FL 33114-3746**
US **US**

2. Principal Place of Business 3. Mailing Address
1840 Southwest 22 Street **P.O. Box 451437**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 102

City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33145 **33245** **US**

4. FEI Number Applied For
59-1994804 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

Name **Spiegel & Utrera, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
 City **Miami** State **FL** Zip Code **33145**

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.
Spiegel & Utrera, P.A.

SIGNATURE By: *[Signature]* DATE: **4/26/01**
Signature typed or printed name of registered agent or firm, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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	PST SPIEGEL, LAWRENCE J 345 ALMERIA AVENUE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, LAWRENCE J 345 ALMERIA AVENUE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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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	PST Spiegel, Lawrence J. 1840 Southwest 22 Street, Suite 102 Miami, Florida 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spiegel, Lawrence J. 1840 Southwest 22 Street, Suite 102 Miami, Florida 33145	<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

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]* **Lawrence J. Spiegel** Date: **4/27/01** Daytime Phone #

CR2E034 (10/00)