

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90207 029 ***158.75

DOCUMENT # P95000053728

1. Entity Name
AIC ACQUISITION CORP.

Principal Place of Business
**1260 SUNTRUST INT'L CENTER
 ONE SOUTHEAST THIRD AVE
 MIAMI FL 33131**

Mailing Address
**1260 SUNTRUST INT'L CENTER
 ONE SOUTHEAST THIRD AVE
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9330 N.W. 110th Ave.

3. Mailing Address
9330 N.W. 110th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0600597**

Applied For
 Not Applicable

Zip
33178

Country

Zip
33178

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDA CARROLL, CARROLL & ASSOC
 1260 SUNTRUST INTERNATIONAL CENTER
 ONE SOUTHEAST THIRD AVE
 MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D** ☐ Delete
DIAZ, FAUSTO G
 STREET ADDRESS **10000 S.W. 30TH ST.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

FAUSTO G DIAZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

305-887-0797

Daytime Phone #

0201616 AV

CR2E034 (9/01)