

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90961 036 \*\*\*158.75

**DOCUMENT # 443693**

1. Entity Name

**AMERICAN INTERNATIONAL SECURITY ENFORCEMENT AGENCY, INC.**

Principal Place of Business

550 SW 138TH AVENUE  
 #402  
 PEMBROKE PINES FL 33027  
 US

Mailing Address

P.O. BOX 821873  
 SOUTH FLORIDA MPC  
 SOUTH FLORIDA FL 33082-1873

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10210 CITRUS COURT**

Suite, Apt. #, etc.

**PEMBROKE PINES, FL**

City & State

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

4. FEI Number

**59-1646233**

Applied For

Not Applicable

Zip

**33026**

Country

**BROWARD**

Zip

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

**HACKER, MICHAEL S ATTY.**  
**200 S BISCAYNE BLVD STE 3520**  
**MIAMI FL 33131-9331**

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

TITLE **PD** ☐ Delete  
 NAME **MONEYHUN, MARGARET M**  
 STREET ADDRESS **550 SW 138TH AVENUE #402**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **VT** ☐ Delete  
 NAME **MONEYHUN, MARGARET M**  
 STREET ADDRESS **550 SW 138TH AVENUE #402**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **10210 CITRUS COURT**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **10210 CITRUS COURT**  
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 NAME  
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 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:

*Margaret M Moneyhun*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/2002**  
 Date

**954-436-4158**  
 Daytime Phone #

CR2E034 (9/01)