

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91358 009 \*\*\*158.75

**DOCUMENT # 443693**

1. Entity Name  
**AMERICAN INTERNATIONAL SECURITY ENFORCEMENT AGENCY, INC.**



Principal Place of Business  
**10210 CITRUS CT  
PEMBROKE PINES FL 33026  
US**

Mailing Address  
**PO BOX 821873  
SOUTH FLORIDA MPC  
PEMBROKE PINES FL 33082-1873**

2. Principal Place of Business

**1520 N.W. 125<sup>TH</sup> AVENUE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**APT. # 306**

Suite, Apt. #, etc.

City & State  
**SUNRISE, FL**

City & State

Zip  
**33323**

Country  
**BROWARD**

Zip

Country

4. FEI Number **59-1646233**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MONEYHUN, MARGARET M**  
CITY-ST-ZIP **10210 CITRUS CT  
PEMBROKE PINES FL 33026**

TITLE ☒ Change ☐ Addition  
NAME **1520 NW 125<sup>TH</sup> AVENUE, APT. #306**  
STREET ADDRESS **SUNRISE, FL 33323**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VT**  
STREET ADDRESS **MONEYHUN, MARGARET M**  
CITY-ST-ZIP **10210 CITRUS CT  
PEMBROKE PINES FL 33026**

TITLE ☒ Change ☐ Addition  
NAME **1520 N.W. 125<sup>TH</sup> AVENUE, APT. #306**  
STREET ADDRESS **SUNRISE, FL 33323**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

**04/23/03**

Date

**954-436-4158**

Daytime Phone #

CR2E034 (10/02)