

2001 UNIFORM BUSINESS REPORT (UBR)

0003882 AF

DOCUMENT # **A28883**

1. Entity Name

AMERICAN CORPORATE INVESTMENTS, LIMITED

FILED
01 MAY -1 PM 6:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PRS INTERNATIONAL 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131	Mailing Address % PRS INTERNATIONAL 701 BRICKELL AVE., SUITE 850 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0986879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324** ✓

7. Name and Address of New Registered Agent

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. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F93000002120
NAME	AMERICAN CORPORATE INVESTMENTS, LTD. B.V.I
STREET ADDRESS	THE LAKE BUILDING FIRST FLOOR
CITY-ST-ZIP	TORTOLA BRITISH V.I.
DOCUMENT #	L08288
NAME	AMERICAN CORPORATE INVESTMENTS, INC.
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 850
CITY-ST-ZIP	MIAMI FL 33131-2852
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	BK BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800004274388--2
STREET ADDRESS	-05/21/01--01153--013
CITY-ST-ZIP	****141 25 ****141 25
STREET ADDRESS	
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CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Javier De Ojeda* **JAVIER DE OJEDA** 4/20/01 305-381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)