

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001109
AV

DOCUMENT # **A28883**

1. Entity Name

AMERICAN CORPORATE INVESTMENTS, LIMITED

02 APR 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

801 Brickell Ave

3. Mailing Address

801 Brickell Ave

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL 33131

City & State

Miami, FL 33131

DUE BY MAY 1, 2002

4. FEI Number

65-0986879

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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.

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

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

801 Brickell Ave, 16th Floor

Miami, FL 33131

900005313449--1

-04/22/02--01070--006

******141.25 ****141.25**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/02

Date

305-381-8340

Daytime Phone #

CR2E003 (9/01)