

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70671

1. Entity Name

AMERICAN INVESTMENT REALTY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90187 004 ***158.75

Principal Place of Business

Mailing Address

2160 W 10TH CT
HIALEAH FL 33010
US

4390 SW 14 STREET
MIAMI FL 33134-3804

2. Principal Place of Business

3. Mailing Address

17001 COLLINS AVE.

Suite, Apt. #, etc.

143

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

U.S.A.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2261441

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

CACCIAVILLANI, RAFAEL
4390 S.W. 14TH STREET
MIAMI FL 33134

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, 2000 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 PD
NAME CACCIAVILLANI, RAFAEL
STREET ADDRESS 4390 SOUTHWEST 14TH STREET
CITY-ST-ZIP MIAMI FL

☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL CACCIAVILLANI P/D

Date

4/18/00

Daytime Phone #

(305) 446-3879

CR2E034 (9/99)