

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27184

1. Entity Name

AMERICAN INFORMATION SERVICES, INC.

FILED

00 MAR 17 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 SE 3RD AVE., 27TH FLOOR  
MIAMI FL 33131

Mailing Address  
1 SE 3RD AVE., 27TH FLOOR  
MIAMI FL 33131-1715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0151333

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

7. Name and Address of New Registered Agent

ISLAMI, JAHAN  
1 SE 3RD AVENUE, 27TH FLOOR  
MIAMI FL 33131

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 V ☒ Delete  
NAME CALABRESE, ANGELICA M  
STREET ADDRESS 1 SE 3RD AVENUE, 27TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME 700003190497  
STREET ADDRESS -03/30/00--01096--002  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE VP ☒ Delete  
NAME BAILEY, JEFFREY S  
STREET ADDRESS 1 S.E. 3RD AVE., 27TH FL  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE VPD ☐ Delete  
NAME ISLAMI, JAHAN  
STREET ADDRESS 1 S.E. 3RD AVE., 27TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE S, T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME VINAJERAS, MAGGIE C.  
STREET ADDRESS 1 SE 3RD AVENUE, 27TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE V ☒ Delete  
NAME LIGGETT, MARY L  
STREET ADDRESS 1 SE 3RD AVENUE, 27TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE P, D ☐ Change ☒ Addition  
NAME Charles Schuette  
STREET ADDRESS 1 S.E. 3rd Avenue, 27th Floor  
CITY-ST-ZIP Miami, FL 33131

TITLE V ☐ Delete  
NAME DUFFY, JAMES C  
STREET ADDRESS 255 S. ORANGE AVE  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 305-374-5600