

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90133 036 \*\*\*150.00

**DOCUMENT # L37985**

1. Entity Name

**AMERICAN COUNCIL OF INVESTORS, INC.**

Principal Place of Business

**325 N KROME AVE  
 HOMESTEAD FL 33030**

Mailing Address

**325 N KROME AVE  
 HOMESTEAD FL 33030-6057**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0192122**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WIEDER, ED  
 325 N KROME AVE  
 HOMESTEAD FL 33030**

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.

(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

TITLE **PD** ☐ Delete  
 NAME **CHAMBERS, THOMAS**  
 STREET ADDRESS **220 SOUTH FLAGLER AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☐ Delete  
 NAME **CORDERO, ALFREDO**  
 STREET ADDRESS **209 S.W. 4TH AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **SD** ☐ Delete  
 NAME **DAVIS, DONNA**  
 STREET ADDRESS **325 N KROME AVE**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☐ Delete  
 NAME **DELEON, ARTURO**  
 STREET ADDRESS **25700 S.W. 212TH AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Ed Wieder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-00**

Date

Daytime Phone #

CR2E034 (9/99)