

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.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0192122

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

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
 NAME: CHAMBERS, THOMAS
 STREET ADDRESS: 220 SOUTH FLAGLER AVENUE
 CITY-ST-ZIP: HOMESTEAD FL Delete

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

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

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

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ 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

4-30-00

Date

Daytime Phone #

CR2E034 (9/99)