

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90118 014 ****50.00

DOCUMENT # L97000001285

1. Entity Name
AMERICAN INDUSTRIES USA, L.C.

Principal Place of Business
220 EAST MADISON STREET, SUITE 1205
TAMPA FL 33602

Mailing Address
220 EAST MADISON STREET, SUITE 1205
TAMPA FL 33602

2. Principal Place of Business

18302 Highwoods Preserve Pkwy

3. Mailing Address

18302 Highwood Preserve Pkwy

Suite, Apt. #, etc.

#114

Suite, Apt. #, etc.

#114

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. FEI Number **65-0798091**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISICHEI, YOLANDA E
10219 ALTA VISTA AVENUE
#211
TAMPA FL 33647

Name **ISICHEI, YOLANDA E**

Street Address (P.O. Box Number is Not Acceptable)

10746 CORY LAKE DRIVE

City **TAMPA**

FL

Zip Code **33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MBR** ☐ Delete
NAME **ISICHEI, VINCENT**
STREET ADDRESS **JOACHIM FRIEDRICHSTR.52**
CITY-ST-ZIP **10711 BERLIN, GERMANY**

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

TITLE **MBR** ☐ Delete
NAME **ISICHEI, MARC**
STREET ADDRESS **JOACHIM FRIEDRICHSTR.52**
CITY-ST-ZIP **10711 BERLIN, GERMANY**

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** **VINCENT ISICHEI**
MBR MANAGER 09/22/02 **(813) 632 2925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)