

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003246

1. Entity Name

AMERICAN IDENTIFICATION CARD, INC.

A918

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90205 038 \*\*\*\*61.25

Principal Place of Business

2500 N. FEDERAL HIGHWAY STE. 303  
FT. LAUDERDALE FL 33305

Mailing Address

2500 N. FEDERAL HIGHWAY STE. 303  
FT. LAUDERDALE FL 33305

1515 S. FEDERAL Hwy STE B-3  
BOCA RATON, FL. 33432

1515 S. FEDERAL Hwy STE B-3  
BOCA RATON, FL. 33432

2. Principal Place of Business

1515 S. FEDERAL Hwy

3. Mailing Address

1515 S. FEDERAL Hwy

Suite, Apt. #, etc.

B-3

Suite, Apt. #, etc.

B-3

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

95-4686702

Applied For

Not Applicable

Zip

33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIDANIAN, ALEK

2500 N. FEDERAL HIGHWAY STE. 303  
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

1515 S. FEDERAL Hwy STE B-3

City

BOCA RATON, FL.

FL

Zip Code

33432

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIDANIAN, ALEK	
STREET ADDRESS	2500 N. FEDERAL HWY #100	
CITY-ST-ZIP	PORT LAUDERDALE FL 33305	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIDANIAN, CHERYL	
STREET ADDRESS	2500 N. FEDERAL HIGHWAY #100	
CITY-ST-ZIP	PORT LAUDERDALE FL 33305	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HADRUPETIAN, EVIL	
STREET ADDRESS	2500 N. FEDERAL HWY #100	
CITY-ST-ZIP	PORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1515 S. FEDERAL Hwy STE B-3	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1515 S. FEDERAL Hwy STE B-3	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRAPETIAN, EVELYN	
STREET ADDRESS	1515 S. FEDERAL Hwy STE B-3	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FIDANIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 954-444-2639

CR2E037 (10/00)