

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90385 045 ****61.25

DOCUMENT # N99000003246

1. Entity Name

AMERICAN IDENTIFICATION CARD, INC.

Principal Place of Business

Mailing Address

~~1515 S FEDERAL HWY~~
~~B-3~~
~~BOCA RATON FL 33432~~

~~1515 S FEDERAL HWY~~
~~B-3~~
~~BOCA RATON FL 33432~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4686702

Applied For

Not Applicable

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

FIDANIAN, ALEK

~~1515 S FEDERAL HWY STE B-3~~
~~BOCA RATON FL 33432~~

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FIDANIAN, ALEK
STREET ADDRESS ~~1515 S FEDERAL HWY STE B-3~~
CITY-ST-ZIP ~~BOCA RATON FL 33432~~

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

TITLE SD ☐ Delete
NAME FIDANIAN, CHERYL
STREET ADDRESS ~~1515 S FEDERAL HWY STE B-3~~
CITY-ST-ZIP ~~BOCA RATON FL 33432~~

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

TITLE VPD ☒ Delete
NAME HADRUPETIAN, EVIL
STREET ADDRESS ~~1515 S FEDERAL HWY STE B-3~~
CITY-ST-ZIP ~~BOCA RATON FL 33432~~

TITLE VPD ☐ Change ☒ Addition
NAME EVELYN HAIRAPETIAN
STREET ADDRESS 1515 S FEDERAL HWY STE B3
CITY-ST-ZIP BOCA RATON, FL. 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Cheryl Fidanian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 954
444 2640

CR2E037 (9/01)