SENT BY: TEAM MANAGEMENT, INC; 561 477 1611; APR-
TO: TEAM MANAGEMENT AT: 725-0122

FROM : TEAM MANAGMENT FAX NO. : 9547250122

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005616

Entity Name: AMERICAN INVESTMENT, INC.

662037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.: 1525 NW 3rd street #H
City & State: DEERFIELD BEACH, FLORIDA
Zip: 33442 Country: U.S.A

3. Mailing Address
Suite, Apt. #, etc.: 1525 NW 3rd STREET, SUITE #H
City & State: DEERFIELD BEACH, FLORIDA
Zip: 33442 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 0974569 ☐ Applied for ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MOHAMMED D. KHAN
Street Address (P.O. Box Number is Not Acceptable): 18338 FRESH LAKE WAY
City: BOCA RATON FL Zip Code: 33498

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] 04/29/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	MOHAMMED D. KHAN	NAME	
STREET ADDRESS	18338 FRESHLAKE WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FLORIDA 33498	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	FATIMA NAHID	NAME	
STREET ADDRESS	12693 TORBAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FLORIDA 33428	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/29/02 954-725-0100

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #