

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90165 045 \*\*\*150.00

DOCUMENT # P00000011937

1. Entity Name

**AMERICAN C&T INC.**

Principal Place of Business

Mailing Address

**2333 Brickell Avenue**  
**Messanine Suite**  
**Miami, Florida 33129**

**00051203**

2. Principal Place of Business

**4735 NW 72 Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**7925 NW 12 Street**

Suite, Apt. #, etc.

**Suite 318**

City & State

**Miami, Florida 33166**

City & State

**Miami, Florida 33126**

4. FEI Number

**65-0993116**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

**33126**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Farhad Malek**  
**2333 Brickell Avenue**  
**Messanine Suite**  
**Miami, Florida 33129**

7. Name and Address of New Registered Agent

Name **Lisette Bates**

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

**7925 NW 12 Street**

**Suite 318**

City

**Miami**

**FL**

**Zip 33126**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	<b>President</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Michel Najib Nicolas</b>								
	<b>10411 SW 108 Avenue</b>								
	<b>Miami, Florida 33176</b>								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #