

9/12/01-90026-048-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019508

1. Entity Name

AMERICAN COUNTRY CORP.

Principal Place of Business

6350 BIRD ROAD
MIAMI FL 33155

Mailing Address

6350 BIRD ROAD
MIAMI FL 33155

2. Principal Place of Business

6350 BIRD ROAD

Suite, Apt. #, etc.

3. Mailing Address

6350 BIRD ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1004236

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SCALIA, ROXANNE
6354 BIRD ROAD
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name SCALIA, ROXANNE
Street Address (P.O. Box Number is Not Acceptable)
6350 BIRD ROAD
City MIAMI FL Zip Code 33155

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

R. Scalia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9/1/01

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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

TITLE NAME
D President
SCALIA, ROXANNE
STREET ADDRESS
6350 BIRD ROAD
CITY-ST-ZIP
MIAMI FL 33155

☐ Delete

TITLE NAME
DAVID SCALIA
STREET ADDRESS
6350 BIRD ROAD
CITY-ST-ZIP
MIAMI, FL 33155

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
DAVID SCALIA
STREET ADDRESS
6350 BIRD ROAD
CITY-ST-ZIP
MIAMI, FL 33155

☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

DAVID SCALIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01 (305) 661-1888

Date

Daytime Phone #

CR2E034 (5/01)