2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

3367 W VINE ST

Principal Place of Business

P00000077620

Mailing Address

3367 W VINE ST

AMERICAN EXCLUSIVE GOLFING & VACATIONS MANAGEMEN



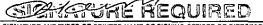
FILED May 07, 2003 8:00 am § Secretary of State 05-07-2003 90171 012 ***150.00

03-07-2003 90171 012	1

KISSIMMEE FL 34741		KISSIM	KISSIMMEE FL 34741									
2. Principal Place of Business			3. Mailir	3. Mailing Address						BOIN ERRI BAN		
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City 8	City & State				4. FEI Number 59-3675789				Applied For
Zip Country			Zip Count			у	5. (5. Certificate of Status Desired			\$8.75 Additional	
	6. Name	and Address of Current	Registered	Agent			7. N	Name and Ad	dress of New	Registered	Agent	
HALIM, CI 3367 W V 203	HANTELLE INE ST					Name Street Add	ress (P.O. B	ox Number is	Not Acceptal	ble)		
	E FL 3474	1 '		City			_ -	.		FI	Zip Co	de
	ions of regist				registered	I office or re	gistered age	ent, or both, in	the State of	Florida. I an	n familiar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	able. (NOTE	: Registered	Agent signature r	required when re	einstating)		DATE		
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State						on Campaign fund Contribu		\$5. Adde	00 May Be ed to Fees
10.		OFFICERS AND	DIRECTOR	S	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALIM, CHANTELLE 179 NEW MEXICO LANE DAVENPORT FL 34741			□ Delete	TITLE NAME STREE CITY-S	TADDRESS ST-ZIP					☐ Change	Addition \
TITLE NAME STREET ADDRESS CITY+ST+ZIP				Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			<u> </u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				• • • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		_			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		****		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



407 9310375