2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91220 048 ***150.00

DOCUMENT # P00000091336

1. Entity Name
AMERI AC HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

24066727

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2. Principal Place of Business	3. Mailing Address
1647 MAYO STREET	1647 MAYO STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL.	City & State: HOLLYWOOD, FL.
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 65-1046595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JOSIF A. FARCASIU

Street Address (P.O. Box Number is Not Acceptable): 1647 MAYO STREET

City: HOLLYWOOD FL Zip Code: 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOSIF A. FARCASIU
STREET ADDRESS	1647 MAYO Street
CITY-ST-ZIP	HOLLYWOOD, FL. 33020
TITLE	DS
NAME	STARLETT KLINE
STREET ADDRESS	3200 PORT ROYALE DR. N. #704
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: STARLETT KLINE Starlett Kline 4-15-04 954-771-9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #