


2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 014 ***150.00

DOCUMENT # P00000091336	
1. Entity Name AMERI AC HOLDINGS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1647 MAYO ST.	3. Mailing Address 1647 MAYO ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

14016587

DO NOT WRITE IN THIS SPACE

City & State HOLLYWOOD, FL.	City & State HOLLYWOOD, FL.	4. FEI Number 65-1046595	Applied For <input type="checkbox"/> Not Applicable
Zip 33020	Country USA	Zip 33020	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSIF FARCASIU
Street Address (P.O. Box Number is Not Acceptable) 1647 MAYO ST.
City HOLLYWOOD
State 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

954-771-9810

Daytime Phone #

CR2E034B (12/02)