

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90016 032 ***150.00

DOCUMENT # P00000095175

1. Entity Name
AMERICAN EXPERT SERVICES, INC.

Principal Place of Business

22325 SW 66TH AVE., #2401
BOCA RATON FL 33428

Mailing Address

22325 SW 66TH AVE., #2401
BOCA RATON FL 33428

2. Principal Place of Business

22527 VISTA WOODWAY

3. Mailing Address

22527 VISTA WOODWAY

Suite, Apt. #, etc.

17B

Suite, Apt. #, etc.

17B

City & State

Boca Raton Florida

City & State

Boca Raton Florida

4. FEI Number

65-1048340

Applied For

Not Applicable

Zip

33428

Country

FLA

Zip

33428

Country

FLA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TWENEBOAH, KWAME

613 SW 76TH AVE.

N. LAUDERDALE FL 33068

Name Tweneboah Kwame

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

613 SW 76th Ave

33068

City

N. Lauderdale

FL

Zip Code

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)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GYAMFI, PHILIP K
STREET ADDRESS 22325 SW 66TH AVE., #2401
CITY-ST-ZIP BOCA RATON FL 33428

☐ Delete

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☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-03-2002 90016 032 ***150.00

CR2E034 (9/01)