

2001 UNIFORM BUSINESS REPORT (UBR)

0137033

DOCUMENT # P00000105602

1. Entity Name
AMERICAN INTERNATIONAL HIGH SCHOOL, INC.

FILED

01 OCT -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
934 NORTH UNIVERSITY DRIVE 934 NORTH UNIVERSITY DRIVE
UNIT 102 UNIT 102
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

2. Principal Place of Business 3. Mailing Address
1378 VICTORIA ISLE State, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
WESTON, FL **WESTON, FL**
Zip Country Zip Country
33327 **USA**

4. FEI Number Applied For
65-1054338 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name **Steven F. Sam. Low, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **2645 EXECUTIVE PARK DRIVE**
Suite 115
City **WESTON** FL Zip Code **33331**

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]* DATE **9/12/01**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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 STREET ADDRESS CITY - ST - ZIP	PSD STEIN, RANDY I. 934 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PASTRANA, ANDRES 934 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AN/ST/D ANDRES PASTRANA 1378 VICTORIA ISLE WESTON, FL 33327	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ANDRES PASTRANA** Date **Sep 12/01** Daytime Phone # **(954) 385 9685**
(954) 593 5910

CR2034 (10/00)

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***550.00 ***550.00