

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90893 001 ***150.00

0645445 SP

DOCUMENT # P00000116743

1. Entity Name

AFC-AIS HOLDING CORPORATION

Principal Place of Business

2699 STIRING RD. STE A-200
FT LAUDERDALE FL 33312

Mailing Address

2699 STIRING RD. STE A-200
FT LAUDERDALE FL 33312

2. Principal Place of Business

2699 Stirling Rd
Suite, Apt. #, etc.
Ste A-200

3. Mailing Address

2699 Stirling Rd
Suite, Apt. #, etc.
Ste A-200

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-1088732
APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAHAM, RONALD H

2699 STIRLING ROAD

STE A-200

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

City

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) ☐

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. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, RONALD H	
STREET ADDRESS	2699 STIRING RD, STE A-200	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, MARC H	
STREET ADDRESS	2699 STIRING RD, STE A-200	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAIDSTERN, STEVEN	
STREET ADDRESS	2699 STIRING RD, STE A-200	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	VLADM, PAUL	
STREET ADDRESS	2699 STIRING RD, STE A-200	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)