2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am & Secretary of State DOCUMENT # P01000111139 1. Entity Name 03-26-2002 90058 041 ***150.00 AMERICAN EMBLEM INTERNATIONAL, INC. Principal Place of Business Mailing Address 3901 SW 68TH AVENUE 3901 SW 68TH AVENUE MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1154527 Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent= 7.=Name and Address of New Registered Agent. , Guaraz, Robert Street Address (P.O. Box Number is Not Acceptable) 3901 SW 68TH AVENUE **MIAMI FL 33155** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition PRESIDENT GUARAZ, ROBERT NAME NAME GUARAZ ROBERT STREET ADDRESS 3901 SW 68TH AVENUE STREET ADDRESS 3901 SW 68TH AVENUE CITY-ST-7IP CITY-ST-7IP MIAMI FL 33155 MIAMI FL 33155 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered

ROBERT GUARAZ PRESIDENT

changed, or on an attachmen

SIGNATURE: 🕢

03-15-2002 Daytime Phone #

FILED