

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116151

1. Entity Name

AMERICAN INTERNATIONAL PRODUCTIONS, INC.

Principal Place of Business

3801 NW 99TH AVE
CORAL SPRINGS FL 33065

Mailing Address

3801 NW 99TH AVE
CORAL SPRINGS FL 33065

2. Principal Place of Business

3801 NW 99TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

CORAL SPRINGS FL

City & State

FL SAME

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDO, SUSAN

3801 NW 99TH AVE

CORAL SPRINGS FL 33065

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	DP	☐ Delete
NAME	LOMBARDO, SUSAN	
STREET ADDRESS	3801 NW 99TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	CEO	☐ Delete
NAME	LOMBARDO, SUSAN	
STREET ADDRESS	3801 NW 99TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DTV	☐ Delete
NAME	MALANDRO, JOHN	
STREET ADDRESS	3801 NW 99TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DVW	☐ Delete
NAME	TORMEY, GENE	
STREET ADDRESS	3801 NW 99TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DVW	☐ Delete
NAME	MALANDRO, DEBRA	
STREET ADDRESS	3801 NW 99TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this form 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 #

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-02-2002 90112 048 ***150.00

37814



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)