

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90986 035 ***158.75

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1. Entity Name
AMERILINC, INCORPORATED



Principal Place of Business
12555 ORANGE DR STE #205
DAVIE FL 33330

Mailing Address
12555 ORANGE DR STE #205
DAVIE FL 33330



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11900 Biscayne Blvd.

3. Mailing Address
11900 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 262

Suite, Apt. #, etc.
Suite 262

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
33-0995047

Applied For
☐ Not Applicable

Zip
33181

Country
USA

Zip
33181

Country
USA

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

GAMBONE, DEBORAH ESQ.
11900 BISCAYNE BLVD STE #301
MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RHODES, WILLIAM JR**
STREET ADDRESS **11900 BISCAYNE BLVD STE #301**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **D** ☐ Change ☒ Addition
NAME **Irving Greenman**
STREET ADDRESS **11900 Biscayne Blvd., Suite 262**
CITY-ST-ZIP **Miami, FL 33181**

TITLE **DS** ☒ Delete
NAME **GREENMAN, IRVING**
STREET ADDRESS **11900 BISCAYNE BLVD STE #262**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **D** ☐ Change ☒ Addition
NAME **Martin Miller**
STREET ADDRESS **11900 Biscayne Blvd., Suite 262**
CITY-ST-ZIP **Miami, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Deborah Gambone**
STREET ADDRESS **11900 Biscayne Blvd., Suite 262**
CITY-ST-ZIP **Miami, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

President

4/28/03

305-803-8600

Date

Daytime Phone #

CR2E034 (10/02)