

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90193 027 ***150.00

DOCUMENT # P02000032202

1. Entity Name
AMERICA ENTERPRISES INT. INC.



Principal Place of Business
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

Mailing Address
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

P.O. Box 669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. MARKS, FL.

4. FEI Number

06-1677925

Applied For

Not Applicable

Zip

Country

Zip

Country

32355

Wakulla.

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

SOTOMAYOR, ARMANDO L
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

Name
MARLIHAN LOPEZ GERENA.

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

4 NE 1TH AVE

City
GAINESVILLE

FL

Zip Code
32601

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
MARLIHAN LOPEZ GERENA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARLIHAN LOPEZ GERENA

2/15/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DE ARMAS, ARTURO L
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOTOMAYOR, ROGER
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DE ARMAS, NORMA
2701 CRAWFORDVILLE HWY.
CRAWFORDVILLE FL 32327

☐ Delete

TITLE
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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 667, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORMA L DE ARMAS

850 672 9565

CR2E034 (10/02)