

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0412857 AV

DOCUMENT # P02000079068

1. Entity Name
AMERICAN FINANCIAL HOLDING CO, INC.



05-02-2003 90238 047 ***150.00

Principal Place of Business
25 VENTNOR B
DEERFIELD BEACH, FL 33442

Mailing Address
25 VENTNOR B
DEERFIELD BEACH, FL 33442



2. Principal Place of Business
127 N. SR7
Suite, Apt. #, etc.

3. Mailing Address
127 N. SR7
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PLANTATION
Zip
33317
Country
USA

City & State
PLANTATION
Zip
33317
Country
USA

4. FEI Number
74-3040166
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIMMS, LOURDES I
25 VENTNOR B
DEERFIELD BEACH FL 33442

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. 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMMS, LARRY W		NAME		
STREET ADDRESS	217 E. MOUNTAIN CT.		STREET ADDRESS		
CITY-ST-ZIP	BREA CA 92821		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELEZ, ANTHONY D		NAME		
STREET ADDRESS	217 E. MOUNTAIN CT.		STREET ADDRESS		
CITY-ST-ZIP	BREA CA 92821		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMMS, LAURA		NAME		
STREET ADDRESS	217 E. MOUNTAIN CT.		STREET ADDRESS		
CITY-ST-ZIP	BREA CA 92821		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMMS, ANIESKA		NAME		
STREET ADDRESS	217 E. MOUNTAIN CT.		STREET ADDRESS		
CITY-ST-ZIP	BREA CA 92821		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMMS, ERIKA		NAME		
STREET ADDRESS	217 E. MOUNTAIN CT.		STREET ADDRESS		
CITY-ST-ZIP	BREA CA 92821		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIMMS, LOURDES I		NAME		
STREET ADDRESS	25 VENTNOR B		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03 561-278-0000X131

CR2E034 (10/02)