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

Mailing Address

3. Mailing Address

City & State

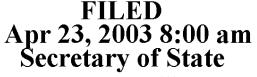
Zip

Suite, Apt. #, etc.

700 SEVILLA AVENUE

CORAL GABLES FL 33134

## P02000105335 DOCUMENT # 1. Entity Name



04-23-2003 90159 007 \*\*\*150.00

	☐ CHECK HERE IF	MAKIN	IG CHANC	GES
	4. FEI Number		ν	Applied For Not Applicable
Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
- P	7.≍Name and Address of New Reg	jistered	l Agent	
Name Street Add	roce (PO, Roy Number is Not Assentable)			
Street Add	ress (P.O. Box Number is Not Acceptable)			

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.

City

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

AIG SPECS INCORPORATED

Principal Place of Business

2. Principal Place of Business

CORAL GABLES FL 33134

Suite, Apt. #, etc.

GARCIA, ALICIA I 700 SEVILLA AVENUE **CORAL GABLES FL 33134** 

City & State

Zip

700 SEVILLA AVENUE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete 👤 TITLE ☐ Addition Garcia, alicia i NAME NAME STREET ADDRESS 700 SEVILLA AVENUE STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition VSD TITLE Delete TITLE GARCIA, CARLA I NAME NAME STREET ADDRESS 700 SEVILLA AVENUE STREET ADDRESS CITY-ST-ZIP Coral Gables FL 33134 CITY-ST-ZIP TITLE - Delete TITLE ---- 🖃 Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

15 april 2003