

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

5/1/

05-01-2003 90364 026 ***150.00

DOCUMENT # P02000129159

1. Entity Name

AMERICAN INTERNATIONAL CONSTRUCTION INC



Principal Place of Business

15771 SW 85 ST
MIAMI FL 33193

Mailing Address

15771 SW 85 ST
MIAMI FL 33193

55044157



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

☐ CHECK HERE IF MAKING CHANGES

City & State

SAME

City & State

SAME

4. FEI Number

54-2086053

Applied For

Not Applicable

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, WILFREDO
15771 SW 85 ST
MIAMI FL 33193

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

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

(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

TITLE **D** ☐ Delete
NAME **GOMEZ, WILFREDO**
STREET ADDRESS **15771 SW 85 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Delete
NAME **GOMEZ, MARTA**
STREET ADDRESS **15771 SW 85 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Delete
NAME **GOMEZ, ENGELS**
STREET ADDRESS **15771 SW 85 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ Delete
NAME **DAVINA GOMEZ**
STREET ADDRESS **15771 SW 85 ST**
CITY-ST-ZIP **MIAMI - FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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 REQUIRED

04/28/03

(305) 387-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)