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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000134560

1. Entity Name

AMERICAN INTERSTATE CARRIER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10645 HAMMOCKS BLVD.	SAME
Suite, Apt. #, etc. Suite 711	Suite, Apt. #, etc.
City & State MIAMI	City & State
Zip FL / Country 33196	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0008492 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LONDOÑO, SAUL F.

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

10645 HAMMOCKS BLVD., SUITE 711

City Miami FL Zip Code 33196

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 LONDOÑO, SAUL F. 06/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONDOÑO, SAUL F. 10645 Hammocks Blvd, #711, Miami, FL 33196	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESCOBAR, DIANA L. 10645 Hammocks Blvd, #711, Miami, FL 33196	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONET, PAOLA C. 10645 Hammocks Blvd, #711, Miami, FL 33196	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Saul Londoño C LONDOÑO, SAUL F. 06/18/03 (305) 386-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #