

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000006326

1. Entity Name
AMERICA INTERNATIONAL, INC.

Principal Place of Business
**14515 S.W. 152ND TERRACE
MIAMI FL 33177**

Mailing Address
**4601 LE JEUNE ROAD
CORAL GABLES FL 33146**

2. Principal Place of Business
4601 Le Jeune Road
Suite, Apt. #, etc.

3. Mailing Address
2211 S.W. 27th Way
Suite, Apt. #, etc.

City & State
Coral Gables, Florida
Zip
33146
Country
Miami-Dade

City & State
Coconut Grove, Florida
Zip
33133
Country
Miami-Dade

4. FEI Number **65-0373337**

Applied For
☐ Not Applicable

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

LU, JIEMIN
4601 LE JEUNE ROAD
CORAL GABLES FL 33146

Name
Andres A. Peranzola
Street Address (P.O. Box Number is Not Acceptable)
2211 S.W. 27th Way
City
Coconut Grove **FL** Zip Code
33133

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.

SIGNATURE **Andres A. Peranzola**

Andres A. Peranzola

President **4/25/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ Delete
NAME
LU, JIEMIN
STREET ADDRESS
4601 LE JEUNE ROAD
CITY-ST-ZIP
CORAL GABLES FL 33146

TITLE
P, T, S, D ☐ Change ☒ Addition
NAME
Andres A. Peranzola
STREET ADDRESS
2211 S.W. 27th Way
CITY-ST-ZIP
Coconut Grove, Florida 33133 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Andres A. Peranzola* **Andres A. Peranzola, President** **4/25/01** **(305) 461-2151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2151



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)