

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000000555**

1. Entity Name

AMERICAN FINANCIAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~745 NW 178TH TERR~~
~~SUITE 101~~
~~MIAMI FL 33169~~
US

~~745 NW 178TH TERR~~
~~SUITE 101~~
~~MIAMI FL 33169-4716~~
US

2. Principal Place of Business

18520 N.W. 67th AVENUE

3. Mailing Address

PMB - SUITE #270

Suite, Apt. #, etc.

PMB - SUITE #270

Suite, Apt. #, etc.

18520 N.W. 67th AVENUE

City & State

MIAMI, FLORIDA 33015-3302

City & State

MIAMI, FL 33015-3302

Zip
33015-3302

Country

DADE

Zip
33015-3302

Country

DADE

6. Name and Address of Current Registered Agent

LAPIDES, MAURICE
18929 N.W. 77TH PLACE
MIAMI FL 33015

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.

SIGNATURE

Maurice LaPides

MAURICE LAPIDES

JAN 18, 2000

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, 2000 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

OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **LAPIDES, MAURICE**

STREET ADDRESS **18929 NW 77 PLACE**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME **KRENN, DENISE**

STREET ADDRESS **745 NW 178TH TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Maurice LaPides

MAURICE LAPIDES

1/18/00 305/493-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90072 032 ***150.00

A0011169



DO NOT WRITE IN THIS SPACE