

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012006

1. Entity Name

AMERICAN ENTREPRENEUR CORP.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90063 048 ***150.00

Principal Place of Business

8565 NW 29 ST
MIAMI FL 33122
US

Mailing Address

8565 NW 29 ST
MIAMI FL 33131-1009
US

2. Principal Place of Business

21 S.E. 1st Avenue

Suite, Apt. #, etc.

6th Floor

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

21 S.E. 1st Avenue

Suite, Apt. #, etc.

6th Floor

City & State

Miami, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0468879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRAZ DA SILVA, LUIZ C
3431 N. MOORING WAY
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Ferraz Da Silva, Luiz C

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

21 S.E. 1st Ave

6th Floor

City

Miami

FL

Zip Code

33131

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

[Signature]

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	FERRAZ DA SILVA, LUIZ C	
STREET ADDRESS	3431 N. MOORING WAY	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PST	<input type="checkbox"/> Delete
NAME	FERRAZ DA SILVA, LUIZ C	
STREET ADDRESS	3431 N MOORING WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02EN24 10/00