

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000080037**

1. Entity Name

American International Insurance Associates, Inc

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90044 028 ***150.00

Principal Place of Business

Mailing Address

**9690 NW 41st Street
Ste One
Miami, FL 33178**

**9690 NW 41st Street
Ste One
Miami, FL 33178**

2. Principal Place of Business

**2455 Hollywood Blvd
Suite, Apt. #, etc.
Ste 308**

3. Mailing Address

P.O. 221680

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33020

Country
Broward - USA

Zip
33022

Country
Broward USA

4. FEI Number

65-0551945

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Goldberg Jack
9690 NW 41st Street Suite # 1
Miami, FL 33178 (ADDRESS change)**

7. Name and Address of New Registered Agent

Name **Jack Goldberg**
Street Address (P.O. Box Number is Not Acceptable)
**2455 Hollywood Blvd
Ste 308**
City **Hollywood** FL Zip Code **33020**

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 **Jack Goldberg, Pres**

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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	PD	<input type="checkbox"/> Delete
NAME	Goldberg, Jack	
STREET ADDRESS	9690 NW 41st Street # 1	
CITY-ST-ZIP	Miami, FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Goldberg, Michael	
STREET ADDRESS	9690 N.W. 41st Street # 1	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, Jack	
STREET ADDRESS	2455 Hollywood Blvd, Ste 308	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, Michael	
STREET ADDRESS	2455 Hollywood Blvd Ste 308	
CITY-ST-ZIP	Hollywood, FL 33020	
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
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:

Michael Goldberg, Secy - Michael Goldberg, Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-455-7746

CR2E034 (9/99)