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Secretary of State
03-11-2002 90076 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P94000080937~~ P94000080937

1. Entity Name
AMERICAN INTERNATIONAL INSURANCE ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2455 Hollywood Blvd
Suite, Apt. #, etc. Ste 308
City & State Hollywood FL
Zip 33020 Country USA

3. Mailing Address
P.O. Box 221680
Suite, Apt. #, etc.
City & State Hollywood FL
Zip 33022 Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name JACK Goldberg (Goldberg, Jack)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

January 1st Rpt. Fee is $150.00
ANY May 1st Fee is $400.00
Amended UBR is $61.25
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	DP
NAME	Goldberg, JACK
STREET ADDRESS	2455 Hollywood Blvd, Ste 308
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	DS
NAME	Goldberg, Michael
STREET ADDRESS	2455 Hollywood Blvd Ste 308
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: Michael Goldberg Secy Michael Goldberg Secy 2/25/02 954-455-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #