

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000011359

1. Entity Name
AMERICAN INSTITUTE FOR RETIREMENT PLANNING, INC.

Principal Place of Business
2310 N.W. 3RD AVE.
SUITE 8
POMPANO BEACH FL 33060

Mailing Address
2310 N.W. 3RD AVE.
SUITE 8
POMPANO BEACH FL 33060

FILED
00 JUL 24 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0571399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WARREN, JEFFREY R III
2310 N.W. 3RD AVE.
SUITE 8
POMPANO BEACH FL 33060

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WARREN, JEFFREY R. II
2310 NW 3RD AVENUE, SUITE 8
POMPANO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003358070-5
-08/15/00--01070--003
*****150.00 *****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

SECOND FILING FIRST 1200
7-13-00

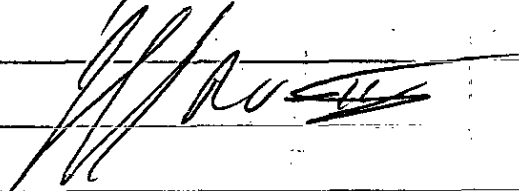
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7-13-00

DEAR Katherine HARRIS:

I JUST RECEIVED these 2 UNIFORM
BUSINESS REPORTS FOR the WARREN Financial
GROUP INC and American INSTITUTE FOR Retirement
Planning, INC. Both were MAILED WITH
CHECKS and sent IN the SAME ENVELOPE
IN JANUARY OF 1993 year. I call
850-487-6055 #2 the moment
these arrived and they told me to
WRITE ANOTE to YOU. WE ARE ON
VACATION OUT OF STATE and I want
to TAKE CARE OF THIS IMMEDIATELY
IF YOU NEED DATES and CHECK #S
PLEASE Let me know they HAVE NOT
Cleared over BANK BY OF to day
Thank you IN ADVANCE For taking
care OF THIS.

Sincerely

A handwritten signature in dark ink, appearing to be "J. R. [unclear]", written over a horizontal line.