

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 031 ***150.00

DOCUMENT # P95000022128

1. Entity Name

AMERICAN ALTERNATIVE Int Inc

Principal Place of Business

Mailing Address

INTERNATIONAL, INC

2. Principal Place of Business

1810 SABEL DRIVE

3. Mailing Address

1810 SABEL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

553466

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

4. FEI Number

58-2164953

Applied For

Not Applicable

Zip

Country

33442

Zip

33442

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

Name

KRAMER, CHARLOT

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

1810 SABEL DRIVE

City

Deerfield Beach FL

FL

Zip Code

33442

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

4/30/01

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

☐

FILE NOW!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.S. VP-T
STREET ADDRESS	KRAMER, CHARLOT
CITY-ST-ZIP	1810 SABEL DRIVE
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deerfield Beach FL 33442
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	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DIRECTOR

Date

Daytime Phone #

4/30/01

CR2E034 (11/00)