

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050746

1. Entity Name

AMERICAN INTERNATIONAL REALTY MORTGAGE, INC. LTD

Principal Place of Business

4014 GUNN HWY
STE 275
TAMPA FL 33624
US

Mailing Address

9009 TUDOR DR
G-106
TAMPA FL 33615-3767
US

2. Principal Place of Business

9009 Tudor Dr.
Suite, Apt. #, etc.
G-106

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Zip
33615-3767

Country
USA

Zip

Country

4. FEI Number

59-3383997

Applied For

Not Applicable

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

FELICIANO, MIGUEL A
9009 TUDOR DR
G-106
TAMPA FL 33615

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 Miguel A. Feliciano
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELICIANO, MIGUEL A 9009 TUDOR DR G-106 TAMPA FL 33615 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FELICIANO, GINA B 9009 TUDOR DR, G-106 TAMPA FL 33615 | <input type="checkbox"/> Delete |
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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: Miguel A. Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000
Date

(813) 887-5915
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)