## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE: 🖊

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P96000050746 1. Entity Name AMERICAN INTERNATIONAL REALTY MORTGAGE, INC. LTD 04-27-2001 90221 045 \*\*\*150.00 Principal Place of Business Mailing Address 9009 TUDER DR 9009 TUDOR DR G-106 G106 TAMPA FL 33615 TAMPA FL 33615-3767 2. Principal Place of Business 3. Mailing Address 808 E. Fairbank St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Farmon City & State City & State Applied For 4. FEI Number 59-3383997 lam Tam Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3604. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELICIANO, MIGUEL A Street Address (P.O. Box Hamber is Not Acceptable) 9009 TUDOR DR E. tainbank G-106 **TAMPA FL 33615** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\mathbf{K}$ (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE FELICIANO, MIGUEL A NAME NAME 808 E. Fairbank St. STREET ADDRESS STREET ADDRESS 9009 TUDOR DR G-106 Tampa, Fl. 33604-1659 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 TITLE ☐ Delete TITLE FELICIANO, GINA B NAME NAME 808 E. Fairbank St. Tampa FL. 33604-1659 STREET ADDRESS 9009 TUDOR DR, G-106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS 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