

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064726

1. Entity Name

AMERICAN FEDERAL SECURITY CORPORATION

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90056 050 \*\*\*150.00

Principal Place of Business

7825 NORTHEAST 2ND AVENUE  
 MIAMI FL 33138

Mailing Address

7825 NORTHEAST 2ND AVENUE  
 MIAMI FL 33138-4804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0753871

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

LUBIN, MICHEL  
 7816 NORTHEAST 2ND AVENUE  
 MIAMI FL 33138

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 \$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 PD  
 STREET ADDRESS LUBIN, MICHEL  
 CITY-ST-ZIP 7816 NORTHEAST 2ND AVENUE  
 MIAMI FL 33138 ☐ Delete

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

TITLE  
 NAME SE  
 STREET ADDRESS ST PREUX, ESTHER  
 CITY-ST-ZIP 2631 NE 211 TERR  
 MIAMI FL 33180 ☐ Delete

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

SIGNATURE: *Michel Lubin* MICHEL Lubin, President 5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tel. 305-758-0398

Daytime Phone #

0:14 (1/99)