

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000092049**

1. Entity Name

AMERICAN OPPORTUNITIES, INC.**FILED****02 AUG 26 AM 11:44****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

5300 SW 33 AVE**5300 SW 33 AVE****SUITE 117****SUITE 117****FORT LAUDERDALE FL 33309****FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-1106105

4. FEI Number

APPLIED FOR

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

HOFFECKER, CHARLES**224 E. COMMERCIAL BLVD.****#304****FORT LAUDERDALE FL 33308**

Name

Hoffecker, Charles

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

225 NORTH FEDERAL HWY**SUITE 600**

City

Pompano Beach**FL**

Zip Code

33062

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HOFFECKER, CHARLES P 224 E. COMMERCIAL BLVD., #304 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Hoffecker, Charles P. 225 NORTH FEDERAL HWY POMPANO BEACH, FL. 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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 #

20x2

August 26, 2002

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
ATTENTION: KATHY**

**RE: REFERENCE NUMBER P96000092049
AMERICAN OPPORTUNITIES, INC.**

DEAR KATHY;

**AS PER OUR TELEPHONE CONVERSATION
TODAY I HAVE ENCLOSED A COPY OF WHAT
WE HAD PREVIOUSLY MAILED TO
TALLAHASSEE ON MAY 29, 2002 WITH THE
FEDERAL IDENTIFICATION # HAND WRITTEN.**

**IF YOU REQUIRE ANY ADDITIONAL
INFORMATION IN ORDER TO REINSTATE AND
SHOW AMERICAN OPPORTUNITIES, INC. AS
CURRENT AND IN GOOD STANDING PLEASE
CALL ME AT 954-683-2000.**

THANK YOU



RICK