

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037986

1. Entity Name

AMERICAN INTERNATIONAL TRADING CENTER CORPORATIO

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90027 002 ***158.75

Principal Place of Business

700 NW 141 AVE
STE 206
PEMBROKE PINES FL 33028
US

Mailing Address

700 NW 141 AVE
STE 206
PEMBROKE PINES FL 33067-4518
US

2. Principal Place of Business

5851 Holmberg Rd
Suite, Apt. #, etc.
3624

3. Mailing Address

5851 Holmberg Rd
Suite, Apt. #, etc.
3624

City & State

Parkland

City & State

Parkland

Zip

33067

Country

USA

Zip

33067

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0752503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROY, DAVID R P.A.
4209 N. FERERAL HIGHWAY
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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

Y. L. I.

04.15.00

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

TITLE D
NAME LI, YI
STREET ADDRESS 9420 TANGERINE PLACE, #404
CITY-ST-ZIP FT. LAUDERDALE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Y. L. I.

04.15.00

954-340-6818

Date

Daytime Phone #

CR2E034 (9/99)