

2000 UNIFORM BUSINESS REPORT (UBR)

082300

DOCUMENT # - P97000055860

1. Entity Name

AMERICAN INTERNATIONAL WHOLESALE ENTERPRISES, IN

FILED

00 AUG 23 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1410 COOLIDGE STREET
HOLLYWOOD FL 33020

Mailing Address

1410 COOLIDGE STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

P.O. Box 816098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FL

Zip

Country

Zip

Country

33081

DO NOT WRITE IN THIS SPACE

08/05/00 90099029 \$150
4. FEI Number 65-0764829

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

GOLDMAN, MAX
1410 COOLIDGE STREET
HOLLYWOOD FL 33020

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PT ☐ Delete
NAME ISRAEL, JOSEPH
STREET ADDRESS 4924 MCKINLEY STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE VS ☐ Delete
NAME GOLDMAN, MAX
STREET ADDRESS 1410 COOLIDGE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

SP

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

8/18/00 954. 9664098
Date Daytime Phone #

CR2E034 (5/00)