## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am § Secretary of State P98000036570 DOCUMENT # 1. Entity Name AEP INVESTMENTS, INC. 05-27-2002 90299 026 \*\*\*150.00 Principal Place of Business Mailing Address C/O HENRY BATIEVSKY C/O HENRY BATIEVSKY 19495 BISCAYNE BLVD. #600 19495 BISCAYNE BLVD. #600 AVENTURA FL 33180 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844888 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 😅 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATIEVSKY, HENRY Street Address (P.O. Box Number is Not Acceptable) AMERICAN EQUITY PROPERTIES, INC. 19495 BISCAYNE BOULEVARD #600 **AVENTURA FL 33180** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATIEVSKY, BERNARDO NAME NAME 19495 BISCAYNE BLVD #600 STREET ADDRESS STREET ADDRESS MIAMI FL 33180 CITY-ST-7IP CITY-ST-ZIP TITLE VΡ ☐ Delete ☐ Change ☐ Addition NAME BATIEVSKY, HENRY NAME 19495 BISCAYNE BLVD #600 STREET ADDRESS STREET ADDRESS **MIAMI FL 33180** CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER

**FILED**