

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P980000-61120

1. Entity Name
AMERICAN PUBLISHING, INC.

Principal Place of Business
3106 Tamiami Trail
Unit 265
Naples, Florida 34103

Mailing Address
Post Office Box 220960
Hollywood, Florida 33022-0960

FILED
01 APR 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

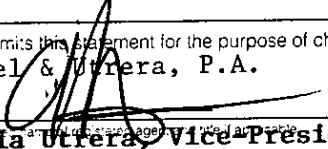
4. FEI Number 65-0848578 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AmeriLawyer
343 Almeria Avenue
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent
Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
City Coral Gables FL 3 Zip Code 33134

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.
Spiegel & Utrera, P.A.
SIGNATURE By:  **Natalia Utrera, Vice-President** (NOTE: Registered Agent signature required when reinstating)
DATE 3/27/01

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, 2001 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**

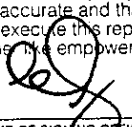
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gonzalez, Eduardo Post Office Box 220960 Hollywood, Florida 33022-0960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004192230--3 -05/10/01--01011--001 ****300.00 ****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 titles empowered.

SIGNATURE:  Eduardo Gonzalez 02-15-01 305 24-4462

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OFFICIAL NOTARY SEAL
ADELA FALENZUELA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC69018
MY COMMISSION EXP. NOV. 14, 2001