

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 044 ***150.00

DOCUMENT #

098000072729

1. Entity Name

AMERICAN INTERNET TECHNOLOGIES, CORP.

Principal Place of Business

100 E LINTON BLVD
 SUITE 135A
 DELRAY BEACH, FL 33483

Mailing Address

100 E LINTON BLVD
 SUITE 135A
 DELRAY BEACH, FL 33483

2. Principal Place of Business

100 E LINTON BLVD
 Suite, Apt. #, etc.
 SUITE 135A

3. Mailing Address

100 E LINTON BLVD
 Suite, Apt. #, etc.
 SUITE 135A

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip
 33483

Country
 US

Zip
 33483

Country
 US

4. FEI Number

65-0908854

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT WILLIAMS, JR.
 2234 N. FEDERAL HIGHWAY
 SUITE 409
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name ROBERT WILLIAMS, JR.
 Street Address (P.O. Box Number is Not Acceptable)
 100 E LINTON BLVD, SUITE 135A
 City DELRAY BEACH FL Zip Code 33483

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 ROBERT WILLIAMS, JR.

Robert Williams

27 APRIL 2000

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WILLIAMS, JR.	
STREET ADDRESS	100 E LINTON BLVD, SUITE 135A	
CITY - ST - ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

ROBERT WILLIAMS, JR.

Robert Williams

27 APRIL 2000 561-266-0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80082966

DO NOT WRITE IN THIS SPACE