

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083273

1. Entity Name

AMERICAN IMMIGRATION LAW CENTER, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90185 030 ***150.00

Principal Place of Business	Mailing Address
4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410	6671 W. INDIANTOWN RD. SUITE #56-419 JUPITER FL 33458-3972

2. Principal Place of Business	3. Mailing Address
2001 Palm Bch. Lakes Bl	2001 Plm Bch Lakes Blvd

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 303	Ste. 303

City & State	City & State
West Palm Beach, FL	West Palm Beach, FL

Zip	Country	Zip	Country
33409	USA	33409	USA

4. FEI Number	65-0870145	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LIVIGNE, GARY F
4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 University Dr., Ste 111

City

Coral Springs

FL

Zip Code

33071

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  DATE 2-1-00

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 Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MDTS	<input checked="" type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERMILYA, J. MICHAEL		NAME	Myers, John H.	
STREET ADDRESS	4360 NORTHLAKE BLVD. #205		STREET ADDRESS	2001 Plm Bch Lakes Blvd, Ste 303	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	West Palm Bch, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Caso, Martina	
STREET ADDRESS			STREET ADDRESS	2001 Plm Bch Lakes Blvd, Ste 303	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Bch, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Vermilya, J. Michael	
STREET ADDRESS			STREET ADDRESS	2001 Plm Bch Lakes Blvd, Ste 303	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Bch, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE 2-1-00 (561) 615-6780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)