

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90076 038 ***158.75

DOCUMENT # P98000088665

1. Entity Name

AMERICAN HOUSEHOLD PRODUCTS, INC.

Principal Place of Business

**4430 E 10TH LANE
HIALEAH FL 33013
US**

Mailing Address

**4430 E 10TH LANE
5TH FLOOR
HIALEAH FL 33013
US**

2. Principal Place of Business

3. Mailing Address

4430 E 10TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

Zip

Country

Zip

Country

33013**USA**

4. FEI Number

65-0870311

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

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311**

Name

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

City

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 re-issuing)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	<input type="checkbox"/> Delete	AQUILERA, RAUL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	4430 E 10TH LANE		HIALEAH FL 33013				
	D	<input type="checkbox"/> Delete	PEREZ, CARLOS A		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	4430 E 10TH LANE		HIALEAH FL 33013				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS A. PEREZ

Date

4/20/01 (305) 687-2121

Daytime Phone #

CR2E034 (10/00)