

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099993

1. Entity Name

AMERICA'S CHOICE INTERNATIONAL INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90007 028 \*\*\*158.75

Principal Place of Business

Mailing Address

102 E FLETCHER ST  
FL 34744

102 E FLETCHER ST  
KISSIMMEE FL 34744-1810

2. Principal Place of Business

3. Mailing Address

9889 S. ORT

9889 S. ORT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando Florida

City & State  
Orlando Florida

Zip  
32837

Country  
U.S.A.

Zip  
32837

Country  
U.S.A.

4. FEI Number 59-3545860

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

SIU, JOHN S  
1416 MYRNA LANE  
KISSIMMEE FL 34744

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

267 White Marsh Circle  
City Orlando FL Zip Code 32824

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 *Cantave Joseph*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/2000  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIU, JOHN S 1416 MYRNA LANE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIU, BELINDA J 1416 MYRNA LANE KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACKENZIE, GEORGE A 1416 MYRNA LANE KISSIMMEE FL 34744	<input checked="" 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	P CANTAVE Joseph 267 White Marsh Circle Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN S. SIU 1416 MYRNA LN Kissimmee FL 34744	<input checked="" 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
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000 (407) 847-7953  
Date Daytime Phone #

CR2E034 (9/99)