

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

2/2

02-26-2003 90169 040 ***150.00

DOCUMENT # P98000100849

1. Entity Name
AMERICAN PROGRESS, CORP.



Principal Place of Business
**14440 SW 180 ST
MIAMI FL 33177**

Mailing Address
**14440 SW 180 ST
MIAMI FL 33177**

2. Principal Place of Business
826 WHISPERING CYPRESS LA.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32824

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0879306**

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

**ARIAS, IRIS L
14440 SW 180 ST
MIAMI FL 33177**

Name **Alejandro Rivera**
Street Address (P.O. Box Number is Not Acceptable)
826 Whispering Cypress Lane
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. I am familiar with, and accept the obligations of registered agent.

* SIGNATURE **Alejandro Rivera**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/07/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **ARIAS, IRIS L.**
STREET ADDRESS **14303 SW 177 TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **826 Whispering Cypress Lane**
STREET ADDRESS **Orlando FL 32824**
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **RIVERA, ALEJANDRO**
STREET ADDRESS **9091 S.W. 167 COURT**
CITY-ST-ZIP **MIAMI FL 33198**

TITLE **PRESIDENT / TREASURER** ☒ Change ☐ Addition
NAME **826 Whispering Cypress Lane**
STREET ADDRESS **Orlando FL 32824**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alejandro Rivera**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/3
Date

Daytime Phone #

CR2E034 (10/02)