2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000108183** May 05, 2000 8:00 am Secretary of State AMERICAN INTERNATIONAL INDUSTRIEZ. INC. 05-05-2000 90002 018 ***158.75 Mailing Address Principal Place of Business 8278 NW 66TH STREET 8278 NW 66TH STREET MIAMI FL 33166-2720 MIAM! FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0887762 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (milies CARRION, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8278 NW 66TH STREET NW 66Th ST **MIAMI FL 33166** Zip Code MIAMI 3316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. GILLIES PHILIP 1718 ORCHIO BEND Change ☐ Addition TITLE ☐ Delete TITLE NAME GILLIES, PHILIP NAME STREET ADDRESS Weston FL 33327 STREET ADDRESS 10292 PEYTON PATH COVE CITY-ST-ZIP CITY-ST-ZIP **COLLIERVILLE TN 38017** ☐ Addition ☐ Change TITLE □ Delete TITLE NAME SEBLANI, FERIAL STREET ADDRESS 4268 FOX RIDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 Change ☐ Addition ☐ Delete TITLE TITLE NAME SEBLANI, HASSAN NAME STREET ADDRESS STREET ADDRESS 4268 FOX RIDGE DR CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 □ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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