

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90070 050 \*\*\*150.00

DOCUMENT # P99000006604

1. Entity Name

AMERICAN IMMIGRATION LAW OFFICES, P.A.

Principal Place of Business 1463 OAKFIELD DRIVE SUITE 128 FL 33509	Mailing Address POST OFFICE BOX 2327 BRANDON FL 33509-2327
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941224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address Post Office Box 1635	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Riverview, FL	
Zip	Country	Zip	Country
		33568-1635	USA

4. FEI Number 59-3556684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  TURNA, C. JIVAN ESQ. 1463 OAKFIELD DRIVE SUITE 128 BRANDON FL 33509	
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7. Name and Address of New Registered Agent	
Name Turna, C. Jivan Esq.	
Street Address (P.O. Box Number is Not Acceptable)	
10112 Tarragon Dr.	
City Riverview	FL Zip Code 33569

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 4/8/00
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 checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President C. Jivan Turna 10112 Tarragon Dr. Riverview, FL 33569			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4/8/00	DAYTIME PHONE #: 813-661-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)