FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90729 002 ***150.00

DOCUMENT # P99000037226

1. Entity Name
American International Equities, Inc.

70039799

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2. Principal Place of Business	3. Mailing Address
1180 Spring Center S Blvd	Same
Suite, Apt. #, etc.: 110 B	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State
Zip: 32714 — Country: Seminole	Zip — Country

4. FEI Number: 59-3572279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Lovestrand, Paul

Street Address (P.O. Box Number is Not Acceptable): 1180 Spring Center South Blvd
110 B

City: Altamonte Springs **FL** Zip Code: 32714

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: Paul Lovestrand Dir/Resident Agent 01/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Dir
NAME	Louis F. Joachim Sr
STREET ADDRESS	609 Smokerise Blvd
CITY-ST-ZIP	Longwood, FL 32779
TITLE	Dir
NAME	Sehba Mohsin
STREET ADDRESS	609 Smokerise Blvd
CITY-ST-ZIP	Longwood, FL 32779
TITLE	Dir
NAME	Paul Lovestrand
STREET ADDRESS	500 Preston Rd
CITY-ST-ZIP	Longwood, FL 32750
TITLE	Dir
NAME	Louis F. Joachim Jr
STREET ADDRESS	609 Smokerise Blvd
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: Paul Lovestrand PAUL LOVESTRAND 1/30/03 (407) 262-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #