

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040899

1. Entity Name  
AMERICAN IMMIGRANT SERVICES, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90093 021 \*\*\*150.00

Principal Place of Business

2312 W. WATERS AVE.  
SUITE 2  
TAMPA FL 33604  
US

Mailing Address

2312 W. WATERS AVE.  
SUITE 2  
TAMPA FL 33604  
US

2. Principal Place of Business

2312 W. Waters Ave.  
Suite, Apt. #, etc.  
Suite # 2

3. Mailing Address

2312 W. Waters Ave.  
Suite, Apt. #, etc.  
Suite # 2

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33604

Country

Hillsborough

Zip

33604

Country

Hillsborough

4. FEI Number

59-3577325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHECKELS, MARIA D  
3806 TUDOR COURT, APT. 204  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

SHECKELS, MARIA D.

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

8649 N. Himes Ave. Apt. 1318

City

Tampa

FL

Zip Code

33614

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

*Maria D. Sheckels*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/01

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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHECKELS, MARIA D	
STREET ADDRESS	3806 TUDOR CT., APT. 204	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOZANO, DIEGO	
STREET ADDRESS	3806 TUDOR CT., APT. 204	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHECKELS, MARIA D.	
STREET ADDRESS	8649 N. Himes Ave. Apt. 1318	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZANO, DIEGO	
STREET ADDRESS	8649 N. Himes Ave. Apt. 1318	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Maria D. Sheckels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

(813) 931-8807

Daytime Phone #

CR2E034 (10/00)