FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90967 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80102881

DOCUMENT # P99000040899

1. Entity Name
AMERICAN IMMIGRANT SERVICES, INC.

Principal Place of Business	Mailing Address
2312 W. WATERS AVE. SUITE 2 TAMPA, FL 33604 US	2312 W. WATERS AVE. SUITE 2 TAMPA, FL 33604 US

	2. Principal Place of Business	3. Mailing Address
Address	2910 W. WATERS AV	2910 W WATERS AV
Suite, Apt. #, etc.	S 100	S 100
City & State	TAMPA FLORIDA	TAMPA FLORIDA
Zip	33614	33
Country	USA	USA

☐ CHECK HERE IF MAKING CHANGES

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
8649 N. HIMES AVE. APT. 1318
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name SHECKELS MARIA D
Street Address (P.O. Box Number is Not Acceptable) 1420 W MEADOWBROOK AV
City TAMPA FL Zip Code 33612

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 Maria D. Sheckels 04/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SHECKELS, MARIA D 3114 MCFARLAND RD TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SHECKELS MARIA D 1420 MEADOWBROOK AV. TAMPA FL 33612	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LOZANO, DIEGO 3114 MCFARLAND RD TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: Maria D. Sheckels 04/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #