2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000067920**

AMERICAS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8150 SW 8TH STREET SUITE 203 MIAMI FL 33144

8150 SW 8TH STREET SUITE 203

MIAMI FL 33144-4265

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



05-24-2000 90042 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEINUMBER FOR

Applied For

							17				Applicable
Zip	Country		Zip Cour		y	5. C	Certificate of S	tatus Desired	\$8.75 Additional ee Required		
	6. Name and Address of C	urrent Rea	stered Agent	· · ·		7. N	lame and Add	ress of New R	egistered A	gent	
					Name						
PONS, MAURICE 8150 SW 8TH STREET SUITE 203 MIAMI FL 33144					Street Address (P.O. Box Number is Not Acceptable)						
(A193-//L					City				FL	Zip Code	e
8. The above	named entity submits this state	ment for the	purpose of changing it	ts registered	d office or req	gistered age	ent, or both, ir	the State of Flo	rida.		
SIGŅATURE _	Signature, typed or printed name of register	ed agent and lit	e if applicable (NO	TE: Registered	Agent signature re	equired when re	instating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to Do					/ill be \$550			n Campaign Fir und Contributio			0 May Be I to Fees
11.	OFFICER	S AND DIR	CTORS	12.		AD	DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PONS, MAURICE 8150 SW 8TH STREET #2 MIAMI FL 33144	☐ Delete	TITLE NAME STREET CITY-5	ADDRESS ST-ZIP			-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP					☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	f address st-zip	<u>-</u>				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-5	TADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE CITY-S	r address St-Zip					☐ Change	Addition
13. I hereby of indicated	certify that the information suppli on this report or supplemental r	ed with this eport is true	filing does not qualify for and accurate and that	for the exem	nption stated	in Section the same	119.07(3)(i), F legal effect as	iorida Statutes. if made under	I further cer path; that I a	tify that the in am an officer	nformation or director Block 12 if

of the corporation or the receiver or trustee/empowered to execute this report changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR