

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90008 046 ***150.00

DOCUMENT # P99000075625

1. Entity Name
AMVIC INTERNATIONAL, INC.

Principal Place of Business Mailing Address
5245 S.W. 17TH AVENUE 5245 S.W. 17TH AVENUE
CAPE CORAL FL 33914 CAPE CORAL FL 33914

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

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0946418 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKI, EMILIA M
5245 S.W. 17TH AVENUE
CAPE CORAL FL 33914

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME AKI, EMILIA M
STREET ADDRESS 5245 S.W. 17TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME AKI, KIYOSHI
STREET ADDRESS 5245 S.W. 17TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME PICCIANO, JOHN
STREET ADDRESS 4710 STONEPOINT PLACE
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Emilia M. Aki, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan. 18 2001 Daytime Phone # (941) 540-3147

CR2E034 (10/00)