

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03806

1. Entity Name

ACHILLES INC.

Principal Place of Business

444 BRICKELL AVE
BOX 51-274
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE
51-274
MIAMI FL 33131-2403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0431516

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

BEFELER, GEORGE ESQ.
100 SE 2ND ST
STE 3700
MIAMI FL 33130

Name

AMERICAN INFORMATION SERVICES INC

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

ONE S.E. THIRD AVE 28 FLOOR

City

MIAMI

FL

Zip Code

33131

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

Angelica M. Calabrese, Assistant Secretary 5/25/00

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

(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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ALTAMIRANO, ENRIQUE 444 BRICKEL AVENUE, SUITE 51-274 MIAMI FL 33131	<input type="checkbox"/>		<input type="checkbox"/>
D ALTAMIRANO, TELA 444 BRICKELL AVENUE, SUITE 51-274 MIAMI FL 33131	<input type="checkbox"/>	D Altamirano Thelma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

Date

705-414-7855

Daytime Phone #

CR2E034 (9/99)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90030 029 ***550.00



DO NOT WRITE IN THIS SPACE