

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80625

1. Entity Name

AMERICAN INTERNATIONAL INVESTMENT BROKERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90149 034 ***150.00

Principal Place of Business

Mailing Address

2655 N. OCEAN DR.
STE. #400
SINGER ISLAND FL 33404

~~1847 S.E. PORT ST. LUCIE BLVD.~~
~~PORT ST. LUCIE FL 34952-5530~~
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 8089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

4. FEI Number

59-3193065

Applied For

Not Applicable

Zip

Country

Zip

Country

34985-8089

USA

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

QUBAIN, IMAD S
1847 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

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
	PST									
	QUBAIN, IMAD S	1847 S.E. PORT ST. LUCIE BLVD.	PORT ST. LUCIE FL 34952							

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

561-38-3558

Daytime Phone #