2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) V34259 **DOCUMENT #** 1. Entity Name

***55**0.00 09-10-2003 90055 025

FILED									
Sep 10, 2003 8:00 am									
Secretary of State									
00 10 2002 00055 025 ***550 00									

AMERICAN INTERNATIONAL ENVIRONMENTAL SYSTEMS CORP.									
Principal Place of Business 19145 FOX LANDING DR BOCA RATON FL 33434		Mailing Address 19145 FOX LANDING DR BOCA RATON FL 33434		 					
2. Principal F	Place of Business	3. Mailing Address					ia io ii 1 5011 0 1011 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		,	4. FEI Number	127113311MA			oplied For ot Applicable
Zip	Country	Country Zip C			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Ad	dress of New Re	gistered Age	nt	
PERLOW, JEFFREY M.				Name Street Address (F	P.O. Box Number is	s Not Acceptable)		· ·	
1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009				·-··		 			
· · · · · · · · · · · · · · · · · · ·			C	City		· ·	FL	Zip Code	9
the obligat	named entity submits this statement fo- ions of registered agent. Signature, typed or printed name of registered agent a		·	office or registere		in the State of Flor	ida. I am fami	iar with,	and accept
After Se Make Check	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. c Payable to Florida Department of	State			Trust I	on Campaign Fina Fund Contribution		Added	0 May Be I to Fees
10.	OFFICERS AND		11.		ADDITIONS/CH	IANGES TO OFFIC	CERS AND DIF	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIGHTER, STEPHANIE 19145 FOX LANDING DRIVE BOCA RATON FL 33434	☐ Delete	NAME STREET AD CITY-ST-	í				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2	ſ				Change	Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				`	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z					Change	Addition

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:

MODELLE COUSTEDANTE