

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90450 034 \*\*\*150.00

DOCUMENT # **V47794**

1. Entity Name  
**AMERICAN EQUITY PROPERTIES, INC.**



Principal Place of Business  
**19495 BISVCAYNE BLVD**  
**SUITE 600**  
**AVENTURA FL 33180-2320**

Mailing Address  
**19495 BISVCAYNE BLVD**  
**SUITE 600**  
**AVENTURA FL 33180-2320**



2. Principal Place of Business  
**1680 MICHIGAN AVENUE**

3. Mailing Address  
**1680 MICHIGAN AVENUE**

Suite, Apt. #, etc.  
**SUITE 913**

Suite, Apt. #, etc.  
**SUITE 913**

City & State  
**MIAMI BEACH FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number **65-0374418**

Applied For  
Not Applicable

Zip **33139** Country **USA**

Zip **33139** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BATIEVSKY, BERNARDO**  
**19495 BISCAYNE BLVD.**  
**SUITE 600**  
**AVENTURA FL 33180**

Name **HENRY BATIEVSKY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1680 MICHIGAN AVENUE**  
**SUITE 913**  
City **MIAMI BEACH** FL Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Henry Batievsky*

**HENRY BATIEVSKY**

**4/9/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE **PS** ☐ Delete  
NAME **BATIEVSKY, BERNARDO**  
STREET ADDRESS **19495 BISCAYNE BLVD., STE 600**  
CITY-ST-ZIP **AVENTURA FL**

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

TITLE **VT** ☐ Delete  
NAME **BATIEVSKY, HENRY**  
STREET ADDRESS **19495 BISCAYNE BLVD., STE 600**  
CITY-ST-ZIP **AVENTURA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE: *Henry Batievsky* **HENRY BATIEVSKY**

**4/9/03**

**(305) 933-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)