

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57816

1. Entity Name

AMERICAN CONTINENTAL CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90090 047 ***150.00

Principal Place of Business

2335 NW 107 AVENUE
STE 2M-2
MIAMI FL 33172
US

Mailing Address

2335 NW 107 AVENUE
~~SUITE 2M-2 BOX 62~~
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

3705 NW 115 AV

3705 NW 115 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 5

BAY 5

City & State

MIAMI FL

City & State

MIAMI FLORIDA

Zip

33178

Country

Zip

33178

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0354371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAIZAD HANSOTIA
2335 NW 107 AVENUE
SUITE 242 BOX 12
MIAMI FL 33172

7. Name and Address of New Registered Agent

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HANSOTIA, KAIZAD
2335 NW 107TH AVE. SUITE 24-2 BOX 12
MIAMI FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3705 NW 115 Avenue #5
MIAMI, FLORIDA 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

CR2E034 (10/00)