

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V63652

1. Entity Name

AMERICAN HEAT PIPES, INCORPORATED

Principal Place of Business

4340 NE 49th AVE
GAINESVILLE
FL 32609

Mailing Address

4340 NE 49th AVE
GAINESVILLE
FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINH, KHANH

7819 NW 22nd LANE

GAINESVILLE, FL 32605

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 PD
NAME DINH, KHANH
STREET ADDRESS 7819 NW 22 LANE
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

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

TITLE D
NAME DINH, GIANG
STREET ADDRESS 1375 HOLLOWAY AVE
CITY-ST-ZIP SAN FRANCISCO, CA 94132 ☐ Delete

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

TITLE D
NAME HOLTON, JOSEPH
STREET ADDRESS 3816 SW 84 ST
CITY-ST-ZIP GAINESVILLE, FL 32608 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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

March 29, 2002

APPROVED
AND
FILED

02 MAY -7 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001-2002

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3175988

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (9/99)