

**2001 UNIFORM BUSINESS REPORT (UBR)**

0137033

DOCUMENT # P00000105602

1. Entity Name  
**AMERICAN INTERNATIONAL HIGH SCHOOL, INC.**

FILED

01 OCT -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
934 NORTH UNIVERSITY DRIVE 934 NORTH UNIVERSITY DRIVE  
UNIT 102 UNIT 102  
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071

2. Principal Place of Business 3. Mailing Address  
**1378 VICTORIA ISLE**  
Suite, Apt. #, etc. State, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State  
**WESTON, FL**  
Zip Country Zip Country  
**33327 USA**

4. FEI Number Applied For  
**65-1054338** Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name **Steven F. Sam. Low, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2645 EXECUTIVE PARK DRIVE**  
**Suite 115**  
City **WESTON** FL Zip Code **33331**

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 DATE **9/12/01**  
Signature, hand or printed name of registered agent and size if applicable. (NOTE: Registered Agent signature required when releasing)

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	PSD STEIN, RANDY I. 934 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PASTRANA, ANDRES 934 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AN/ST/D ANDRES PASTRANA 1378 VICTORIA ISLE WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ANDRES PASTRANA Sep 12/01 (954) 385 9685  
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
(954) 593 5910

CR2034 (10/00)

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-10/13/01-01028-013  
\*\*\*550.00 \*\*\*550.00