

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY -1 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071240



1. Entity Name  
AIB REALTY HOLDING CO.

Principal Place of Business  
1925 BRICKELL AVE STE D206  
MIAMI FL 33129

Mailing Address  
1925 BRICKELL AVE STE D206  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1108930

Applied For  
Not Applicable

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

BESU, ROGER  
1925 BRICKELL AVE STE D206  
MIAMI FL 33129

Name  
Miami Corporate Registry  
Street Address (P.O. Box Number is Not Acceptable)  
1925 BRICKELL AVE - Suite D206  
City MIAMI FL Zip Code 33129

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. Miami Corporate Registry

SIGNATURE *[Signature]* DATE 4-29-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 11

TITLE  Delete  
NAME S  
STREET ADDRESS BESU, ROGER  
CITY-ST-ZIP 1925 BRICKELL AVE STE D206 MIAMI FL 33129

TITLE  Change  Addition  
NAME  
STREET ADDRESS 100017827611  
CITY-ST-ZIP 05/01/03--01052--006 \*\*\$300.00

TITLE  Delete  
NAME DP  
STREET ADDRESS BARANAT, AMEIRA I  
CITY-ST-ZIP GRAN VIA #8 LOMAS DE URDESA GUAYAGUIL, ECUADOR

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-29-03 DAYTIME PHONE # 205-874-6263

CR2E034 (10/02)