

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90341 030 \*\*\*150.00

0392782 AV

**DOCUMENT # P98000080462**

1. Entity Name

**AMERICAN IMMIGRATION MANAGEMENT, INC.**

Principal Place of Business

**1321 CARIBBEAN WAY  
LANTANA FL 33462**

Mailing Address

**1321 CARIBBEAN WAY  
LANTANA FL 33462**

2. Principal Place of Business

**815 W. Boynton Beach Blvd**

3. Mailing Address

**815 W. Boynton Beach Blvd**

# Suite, Apt. #, etc.

**#7-103**

Suite, Apt. #, etc.

**#7-103**

City & State

**Boynton Beach FL**

City & State

**Boynton Beach FL**

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

4. FEI Number

**65-0867975**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PRICE, DAVID B**

**6971 NORTH FEDERAL HIGHWAY**

**SUITE 403**

**BOCA RATON FL 33487-1617**

7. Name and Address of New Registered Agent

Name

**FLORENCE RYAN**

Street Address (P.O. Box Number is Not Acceptable)

**815 W. Boynton Beach Blvd**

**#7-103**

City

**Boynton Beach**

FL

Zip Code

**33426**

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

**FLORENCE RYAN FLORENCE RYAN PRESIDENT**

**03/19/02**

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, 2002 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 **P** ☐ Delete  
NAME **RYAN, FLORENCE S**  
STREET ADDRESS **1321 CARIBBEAN WAY**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VP** ☐ Delete  
NAME **BENICHOU, NATALIE**  
STREET ADDRESS **872 GLOUCESTER ST**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **RYAN, FLORENCE S.**  
STREET ADDRESS **815 W. Boynton Beach Blvd #7-103**  
CITY-ST-ZIP **Boynton Beach, FL 33426**

TITLE **VP** ☒ Change ☐ Addition  
NAME **BENICHOU, NATALIE**  
STREET ADDRESS **2545 S. CORAL TRACE CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

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

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

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

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:**

**FLORENCE S. RYAN FLORENCE S RYAN**

**03/19/02**

**(561) 582-6501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)