

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90289 018 ***150.00

DOCUMENT # G08290

1. Entity Name
AAA SUNDRIES, INC.



Principal Place of Business
**144 NE 1ST AVE
2ND FLOOR
MIAMI FL 33132
US**

Mailing Address
**3531 GRIFFIN RD
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

3. Mailing Address

140 N.E 1st AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FLORIDA

4. FEI Number

59-2384147

Applied For

Not Applicable

Zip

Country

Zip
33132

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGEN, MAX M.
3531 GRIFFIN RD
FORT LAUDERDALE FL 33312**

Name

MADAT ALI PANJWANI

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

140 N.E 1st AVE

City

MIAMI

FL

Zip Code

33132

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/02

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 **PST**
STREET ADDRESS **PANJWANI, MADATALI**
CITY-ST-ZIP **144 N.E. 1ST AVE. 2ND FL**
MIAMI FL

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PANJWANI, ALLAUDDIN**
CITY-ST-ZIP **144 N.E. 1ST AVE. 2ND FL**
MIAMI-FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allauddin Panjwani

1.V.P.

Date

Daytime Phone #

4/22/03

305-372-1760

CR2E034 (10/02)