

2001 UNIFORM BUSINESS REPORT (UBR)

04-24-2001 90316 043 ***150.00
P00000022885

0197194

DOCUMENT # P00000022885

1. Entity Name
A+ ADVANTAGE GROUP INC.

FILED

01 MAY -7 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 19600 SW 110CT #104 MIAMI FL 33157 | Mailing Address 19600 SW 110CT #104 MIAMI FL 33157 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 05-0988176 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ROSARIO, ARTHUR
19600 SW 110CT #104
MIAMI FL 33157

7. Name and Address of New Registered Agent

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 _____ (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, 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 D | <input type="checkbox"/> Delete |
| NAME ROSARIO, ARTHUR | |
| STREET ADDRESS 19600 SW 110CT #104 | |
| CITY-ST-ZIP MIAMI FL 33157 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME ROSARIO, MARIA | |
| STREET ADDRESS 19600 SW 110CT #104 | |
| CITY-ST-ZIP MIAMI FL 33157 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME TAVERAS, RAFAEL | |
| STREET ADDRESS 19600 SW 110CT #104 | |
| CITY-ST-ZIP MIAMI FL 33157 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *ARTHUR ROSARIO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (305) 720-7650
Date Daytime Phone #

CR2E034 (10/00)