

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P03000157671

1. Entity Name
AIA Coordination Services, Inc.

FILED

04 JUL -8 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2631 NW 8th Street
Suite, Apt. #, etc.

3. Mailing Address
2631 N.W. 8th St.
Suite, Apt. #, etc.

5-21-04 90006 032 \$150.00
DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33147
Country
Dade

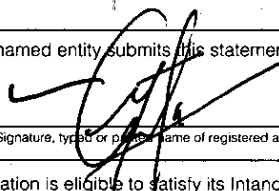
City & State
Miami, FL
Zip
33147
Country
Dade

4. FEI Number
56244506
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Gerardo V. Acosta
Street Address (P.O. Box Number is Not Acceptable)
2631 N.W. 8th Street
City
Miami, FL Zip
33147

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

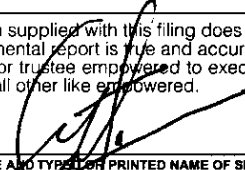
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gerardo V. Acosta
2631 N.W. 8th Street
Miami, FL 33147 (New)
President
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 (86)380-2124
Date Daytime Phone #

CR2E034B (12/01)