

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014282

1. Entity Name

AAA DEPENDABLE AIR, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90095 027 ***150.00

Principal Place of Business

Mailing Address

7667 W. SAMPLE RD.
 SUITE 209
 CORAL SPRINGS FL 33065
 US

10792 EL CABALLO CT.
 DELRAY BEACH FL 33446-2716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9784 Liberty Road
 Suite, Apt. #, etc.

9784 Liberty Rd
 Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

4. FEI Number

65-0645662

Applied For

Not Applicable

Zip

Country

Zip

Country

33434 Palm Beh

Palm Beh

33434 Palm Beh

Palm Beh

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

GENOUNE, MEIR
 14 NE 9 AVE
 DEERFIELD BEACH FL 33441

Name: GENOUNE, MEIR
 Street Address (P.O. Box Number is Not Acceptable): 9784 Liberty Road
 City: Deerfield Beach FL Zip Code: 33434

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: Meir Genoune - MEIR GENOUNE

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

(NOTE: Registered Agent signature required when reinstating)

1/23/00
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
 NAME: GENOUNE, MEIR
 STREET ADDRESS: 10792 EL CABALLO CT.
 CITY-ST-ZIP: DELRAY BEACH FL 33446 Delete

TITLE: PD
 NAME: GENOUNE, MEIR
 STREET ADDRESS: 9784 Liberty Rd, Deerfield Beach, FL
 CITY-ST-ZIP: 33434 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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: Meir Genoune - MEIR GENOUNE 1/23/2000 954-234-5442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)