

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067088

1. Entity Name
AOC, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90002 018 ***150.00

Principal Place of Business

19634 BAYCOVE DR
BOCA RATON FL 33434

Mailing Address

19634 BAYCOVE DR
BOCA RATON FL 33434-5103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0787975

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HCRM CORP.
2200 CORPORATE BLVD NW
SUITE 401
BOCA RATON FL 33431

Name FERN G. ROD

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

19634 BAY COVE DRIVE

City BOCA RATON

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.28.00

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 D Sec
NAME ROD, EDWARD M
STREET ADDRESS 19634 BAYCOVE DR
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

TITLE P
NAME ROSENBLUM, IRVING
STREET ADDRESS 4170 INVERRAY DR
CITY-ST-ZIP LAUDERHILL FL 33319 ☒ Delete

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

TITLE P D
NAME FERN G ROD
STREET ADDRESS 19634 BAY COVE DRIVE
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.00 561.483.5243

CR2E034 (9/99)