

2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90004 043 \*\*\*150.00

DOCUMENT #  
 1. Entity Name **AAA AMALGAMATED SERVICES, INC.**

**998000094783**

Principal Place of Business Mailing Address  
**1005 Russell Drive #2**  
**HIGHLAND BEACH, FLA 33487**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE  
**65 0895939**

Applied For  
 No: Application  
 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	
		Name <b>MITCHELL PASIN</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1005 RUSSELL DRIVE #2</b>	
		City <b>HIGHLAND BEACH FL</b> Zip Code <b>33487</b>	

8. The above named entity submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *Mitchell C. Pasin* DATE **5/1/00**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.   
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>STEVE PASIN</b> <b>1005 RUSSELL DRIVE #2</b> <b>HIGHLAND BEACH, FLA 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(ii), 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 807, 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: *Steve Pasin* X 5-1-00 X 561-242-0304  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CIR2000 (3/99)