

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90002 027 \*\*\*163.75

**DOCUMENT # P99000042834**

1. Entity Name  
**AARON INVESTMENT GROUP, INC.**

Principal Place of Business NORTH FEDERAL HIGHWAY SUITE 404 BOCA RATON FL 33432	Mailing Address 1515 NORTH FEDERAL HIGHWAY SUITE 404 BOCA RATON FL 33432-1954
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0921465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.**  
**201 S BISCAYNE BLVD SUITE 3000**  
**MIAMI FL 33131**

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, 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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PARNAS, LEV</b>	
STREET ADDRESS <b>1515 NORTH FEDERAL HIGHWAY SUITE 404</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Lev Parnas</b>	
STREET ADDRESS <b>1515 North Federal Highway Ste 404</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Robert M. Grinberg</b>	
STREET ADDRESS <b>1515 North Federal Highway Ste 404</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Mitchell L. Reisman</b>	
STREET ADDRESS <b>1515 North Federal Highway Ste 404</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Dr. Neal J. Tolar</b>	
STREET ADDRESS <b>1515 North Federal Highway Ste 404</b>	
CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/27/00** Daytime Phone #: **561-750-8778**

CR2E034 (9/99)