## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

170113

AAXICÓ SALES INC

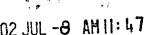
Principal Place of Business 8881 N.W. 13TH TERRACE

P.O. BOX 522875 4MAMI FL 33152

Mailing Address

8881 N.W. 13TH TERRACE P.O. BOX 522875 MIAMI FL 33152

Principal Place of Business	ì	3. Mailing Address				
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.				
	•					



02 JUL -8 AM 11: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

City & State		City & State	City & State		4. FEI Number 59-0678849		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				
VOOTU TUOUA	O A	-		Name			
KORTH, THOMAS A 8881 NW 13 TERR		÷ •	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33172					-		
				City	F	Zip	Code

			# P y *				
SIGNATURE			"lay"	un.			
	Signature, typed or printed name of registered agent and title if applicable	).	(NQTE: Registe	ered Agent signature required who	en reinstating)	DATÉ	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

tal hayne for a back or tigns the large test inglisher describes The Archighton Printer a Since

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITI F ☐ Delete KORTH.JAMES E NAME 6363 S.W. 109TH STREET STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE KORTH, WILLIAM F. NAME NAME **70000707482** -08/13/02--01038 8320 S.W. 64TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP \*\*\*\*600,00 TITLE TITLE ☐ Delete KORTH, THOMAS NAME STREET ADDRESS STREET ADDRESS 8881 NW 13 TR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I nereby 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 of 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR