

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 818703

1. Entity Name

Aiden, Inc.



FILED

03 JUL 26 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Allco Finance

Suite, Apt. #, etc.
200 Park Ave., 44th Fl.

City & State
New York, NY

Zip
10166

Country
USA

3. Mailing Address
c/o Allco Finance

Suite, Apt. #, etc.
200 Park Ave., 44th Fl.

City & State
New York, NY

Zip
10166

Country
USA

000022370550
08/18/03--01014--021 **\$1.25

DO NOT WRITE IN THIS SPACE

4. FEI Number
13 1885918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Scott A. Elk, PA

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

Elk, Bankier, Christu & Bakst, LLP

4800 N. Federal Highway, Suite 200E

City
Boca Raton

FL

Zip Code
33431

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. I am familiar with, and accept the obligations of registered agent. Scott A. Elk, PA

SIGNATURE By:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/V/T/S/D
Thomas M. Melone, c/o Allco
200 Park Ave. Finance
New York, NY 10166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-03
Date

212-885 9502
Daytime Phone #

CR2E034B (12/02)