

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED
FILED

01 JUL 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G98567

1. Entity Name

A+A Discount Corp.

Principal Place of Business

8641 W. McNab Rd.
Tamarac, FL 33321

Mailing Address

8641 W. McNab Rd.
Tamarac, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2371270

Applied For

Not Applicable

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

~~Rosenstein, Alan~~
~~8641 W. McNab Rd.~~
~~Tamarac, FL 33321~~

Name Rosenstein, Arlene
Street Address (P.O. Box Number is Not Acceptable)
8641 W. McNab Rd
City Tamarac FL Zip Code 33321

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

(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 \$450.00 6/25
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS Rosenstein, Alan 189 NW 82nd Ave Coral Springs, FL	<input checked="" type="checkbox"/> Delete
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08/21/01-01000-015

*****61.25 *****61.25

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]

CR2E034 (11/00)