200	2 UNIFORM BUS	INESS REPO	RT (UB	Rì	07-15-20	## 2 90196-0471	PPP NI 1 1 1 1 1 1 1 1 1
DOCL	JMENT# J499 4					FILE49947	130.00
1. Entity Name M.A.A. ENTERPRISES, INC.					O2 AUG	-7 AM 10:	29
				<u>(Y</u>	SECRE!	IARY OF STA	NTE.
200 ST. AND	OCUMENT # J499 Intity Name A.A. ENTERPRISES, INC. Cipal Place of Business ST. ANDREWS 6LVD #1202 ITER PARK FL 32792 Trincipal Place of Business Luite, Apt. #, etc. City & State Ip Country G. Name and Address of Current OURAD, HANS DO ST. ANDREWS BLVD #1202 INTER PARK FL 32792 The above named entity submits this statement the obligations of registered agent. IATURE Signature, typed or printed name of registered agent. IATURE Signature, typed or printed name of registered agent.	Mailing Address 200 St. Andrews BLVD WINTER PARK FL 32792	#1202				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	ite	City & State		4.	FEI Number - 59-2772774		pplied For lot Applicable
Zip	سود عمونسور سوسهر	Zip	Country	-5.2	Certificate of Status Desired [Iditional = - z
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regis	tered Agent	
	POURAD, HANS Street Address (P.O. Box Number is Not Acceptable)						
1				·		2	
			City	FL Zip Code			
8. The above the obliga	e named entity submits this statement to tions of registered agent.	or the purpose of changing its r	registered office o	r registered ag	ent, or both, in the State of Florida.	I am familiar with	, and accept
SIGNATURE		and title if anoficable. (NOTE:	Registered Agent signal	Teo received when r	ainstation)	DATE	
. 71:					a sianty)		
Tax filing	oration is eligible to satisfy its intangible requirement and elects to do so. If a on back)	After September 13,		e \$750.00	10. Election Campaign Financia Trust Fund Contribution.	· _ +	00 May Be d to Fees
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME	PD POURAD, HANS	☐ Delete	. TITLE NAME			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	200 ST. ANDREWS BLVD. #1202 WINTER PARK FL	2	STREET ADDRESS CITY-ST-ZIP				Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	The state of the s		STREET ADDRESS	-			
IIILE	and the second of the second of the	Delete Delete	TITLE	- Annual Colonial Colonial	and the state of 	Change	Addition
NAME STREET ADDRESS	1		NAME			_ •	_
DITTEL / MOTINGO			STREET ADDRESS				
CITY-ST-ZIP							
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13. I hereby certify that the information supplied with this filling 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.

Altachment #149947 BOIDAH54

7-7-02

Florida Department of State.

Devision of Corporation

P.o. Box 6327

Tallahassee, F.P. 32314

Dear Sir!

Enclosed please find The Check # 610 \$ 150.00 filing Fee. The Corporation did not receive The prior notice.

M.A.A. Enterprises Inc.

Hans Powerd
W. Lancaster Rd. Apt Al
Orlando, Fl. 32809

407-8554289, 336-6646821