

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11777

1. Entity Name

AABAA INTERNATIONAL, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90392 002 \*\*\*150.00

Principal Place of Business

Mailing Address

% HRAWG CORP  
2000 GLADES ROAD, S-400  
BOCA RATON FL 33431

% HRAWG CORP  
~~2000 GLADES ROAD, S-400~~  
~~BOCA RATON FL 33431~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

33429

Country

USA

4. FEI Number

65-0024974

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

HRAWG CORP  
2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431

Cormac C. Conahan  
660 N.E. Marine Drive  
Boca Raton FL 33431

Name - Cormac C. Conahan

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

660 N.E. Marine Drive

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.

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 \$150.00**  
**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	AS	<input type="checkbox"/> Delete
NAME	CONANAN, CORMAC C	
STREET ADDRESS	260 NE MARINE DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cormac C. Conahan April 27, 2001 361 715 2683

CR2E034 (10/00)