

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90268 033 ****50.00

DOCUMENT # L00000010741

1. Entity Name
AHAH, L.C.

Principal Place of Business
C/O CRISTINA COLLINS
100 S.E. 2ND STREET, SUITE 3920
MIAMI FL 33131

Mailing Address
C/O CRISTINA COLLINS
100 S.E. 2ND STREET, SUITE 3920
MIAMI FL 33131

967169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 S.E. 2nd Street

3. Mailing Address
CHRISTINA COLLINS

Suite, Apt. #, etc.
Suite 3920

Suite, Apt. #, etc.
1100 West Ave #526

City & State
MIAMI, FL

City & State
MIAMI Beach

4. FEI Number **APPLIED FOR**
04-3652102

Applied For
 Not Applicable

Zip
33131

Country
US

Zip
33139

Country
U.S.

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING
100 S.E. 2ND STREET, SUITE 3920
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
CHRISTINA COLLINS

Street Address (P.O. Box Number is Not Acceptable)
1100 WEST AVE #526

City
MIAMI Beach

FL

Zip Code
33139

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 *Christina Collins*, **CHRISTINA COLLINS**

4-20-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
 NAME
COLLINS, CHRISTINA
 STREET ADDRESS
100 S.E. 2ND STREET, SUITE 3920
 CITY-ST-ZIP
MIAMI FL 33131

☐ Delete

TITLE
 NAME
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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Christina Collins*, **CHRISTINA COLLINS**

4-20-02

305-349-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)