

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000011607

1. Entity Name  
A.A. SERVICES INTERNATIONAL, L.L.C.

FILED

2001 APR 23 PM 3:49

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
536 BILTMORE WAY  
CORAL GABLES FL 33134

Mailing Address  
536 BILTMORE WAY  
CORAL GABLES FL 33134

2. Principal Place of Business  
4825 NW 72 Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
4825 NW 72 Avenue  
Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33166

Country

Zip  
33166

Country

4. FEI Number  
65-1043700

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JAIME E		NAME	LOPEZ SANCHEZ JAIME E.	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	4825 NW 72 Avenue	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Miami, FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, EMILEE-B		NAME	BOHORQUEZ LOPEZ ENILCE	
STREET ADDRESS	536 BILTMORE WAY		STREET ADDRESS	4825 NW 72 Avenue	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)