

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 012 ****55.00

DOCUMENT # L01000004220

1. Entity Name
AAADVANTAGE ONE LLC

Principal Place of Business
6217 WESTGATE DRIVE #805
ORLANDO FL 32835

Mailing Address
6217 WESTGATE DRIVE #805
ORLANDO FL 32835

2. Principal Place of Business

9139 Lake Fischer Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

9139 Lake Fischer Blvd
 Suite, Apt. #, etc.

City & State
Gotha FL

Zip
34734

Country
Orange

City & State
Gotha FL

Zip
34734

Country
Orange

4. FEI Number
59-3704315

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEHRANI, KAMRAN B
6217 WESTGATE DRIVE #805
ORLANDO FL 32835

Name
Kamran B. Tehrani
 Street Address (P.O. Box Number is Not Acceptable)
9139 Lake Fischer Blvd
 City
Gotha FL Zip Code
34734

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kamran B. Tehrani**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
MGRM
KAMRAN B TEHRANI
9139 Lake Fischer Blvd
Gotha, FL 34734

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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: **SIGNATURE REQUIRED**

7/22/02 407-295-3969

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

Date

Daytime Phone #

CR2E083 (4/02)