FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90138 028 ***150.00

DOCUMENT # M17745

1. Entity Name
AAA TROPHY MANUFACTURING CO., INC.

10033275

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1147 W. SAMPLE C/O CAESAR SANSONE CORAL SPGS. FL. 33065	← → SAME
Suite, Apt. #, etc. #24, #25	Suite, Apt. #, etc. #24 #25
City & State CORAL SPRINGS, FL.	City & State CORAL SPGS. FL.
Zip 33065 Country U.S.A.	Zip 33065 Country U.S.A.

4. FEI Number 59-2556754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	SANSONE CAESAR
STREET ADDRESS	550 S. OCEAN BLVD. #508
CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE	P
NAME	SANSONE DANIEL
STREET ADDRESS	65 SE SPANISH TR. #203
CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE	V
NAME	SANSONE JOAN
STREET ADDRESS	550 S. OCEAN BLVD #508
CITY-ST-ZIP	BOCA RATON, FL. 33432
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Sansone March 4, 2003 (954) 753-5760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #