

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

0081606

DOCUMENT # N01000008763

1. Entity Name

ASSOCIATION OF AMERICANS AGAINST TERRORISM, INC.



Principal Place of Business

7603 SAN CARLOS STREET
BOYNTON BEACH FL 33437

Mailing Address

POST OFFICE BOX 740817
BOYNTON BEACH FL 33474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1159919

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ELLIS, MARTIN
STREET ADDRESS 7603 SAN CARLOS STREET
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200014085492
CITY-ST-ZIP 03/14/03--01034--014 **61.25

TITLE VD
NAME NATKIN, ALVIN M
STREET ADDRESS 7603 SAN CARLOS STREET
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE STD
NAME MICHAELIS, HERBERT
STREET ADDRESS 7603 SAN CARLOS STREET
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herbert Michaelis
HERBERT MICHAELIS

2/13/03 561-742-5424

CR2E037 (10/02)