FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # N98000000407 **Secretary of State** AIASOUTHFL, INC. 03-29-2001 91014 028 ****61.25 Principal Place of Business Mailing Address 10001 SW 16 STREET 10001 SW 16 STREET 00064 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0774433 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SELDITCH, ERNEST M 10001 SW 16 STREET PEMBROKE PINES FL 33025 8. The above named entity submits this statement for the purchase se of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITI F ☐ Addition TITLE Delete ary GIVEN SOLTIS, SHEILA NAME NAME 260 NE 22 GHT HOUSE STREET ADDRESS 9730 NW 76 CT STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP VPD TITLE TITL F **M** Change ☐ Addition SPEARS, MARILYN R NAME NAME STREET ADDRESS 4200 NW 3RD COURT #329 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 STD TITLE TITLE Addition Delete SELDITCH, ERNEST M NAME NAME 10001 SW 16 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

er 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

of the corporation or the rece changed, or on an attachmen

with an address, with all other like