

4/3/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2001 8:00 am Secretary of State

04-03-2001 90050 029 ***150.00

DOCUMENT # P00000020068

1. Entity Name
AAA ADMINISTRATIVE & ACCOUNTING ASSISTANCE CORP.

Principal Place of Business
**3113 GIULIANO AVE.
LAKE WORTH FL 33461**

Mailing Address
**3113 GIULIANO AVE.
LAKE WORTH FL 33461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

FEL Number
05 0984997

Applied For
Not Applicable

5- Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MANN, SUSAN F
3113 GIULIANO AVE.
LAKE WORTH FL 33461**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>President Susan Mann 3113 Giuliano Ave Lake Worth FL 33461</i>			
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Mann **SUSAN MANN** **President** **3/30/01** **561** **433-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)