

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91644 039 ***150.00

DOCUMENT # P00000038846

1. Entity Name

A + ILLUMINATIONS, INC.

Principal Place of Business

**961 SW 8TH ST.
 BOCA RATON FL 33486**

Mailing Address

**961 SW 8TH ST.
 BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

651139765
APPLIED FOR

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

**MAYA, JAY
 961 SW 8TH ST.
 BOCA RATON FL 33486**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
 NAME **MAYA, JAY**
 STREET ADDRESS **961 S.W. 8TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED (JAY MAYA)

4/15/02

561 7065999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

P000000 38846
5/9/02

To Whom it may concern,

Please excuse me for not sending in the report on time have been sick on a treatment for my liver and have not been coherent to sending the report. I have been in and out of the hospitals for biopsies and MRI's and injection treatments. I have been going to Boca Raton community hospital and Cedars medical center of Miami with my liver problem and the drugs I have been taking have hampered me to properly execute the report. I have Cirrhosis of the liver and I loose memory under this decease and treatment. I have been on treatment for one year and it should be over soon. I meant to file on 4/15/02 but I was mentally and physically unable.

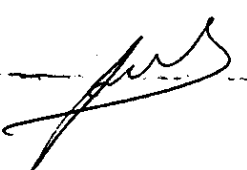
~~Please, re-instate my company with exception of the re-instatement fee. I will be in better health next year to be coherent and to file on time. Please accept my pleading.~~

My company has not earned any dollar value sales to report in the years 2001-2002.

I am hoping this drug treatment will be over very soon so I can get my company producing or selling soon. I am sending the registration fee for the year if it is accepted. If the state requires proof of my sickness I will be able to submit it. If the state does not re-instate me without the extra fee I will be forced to shut down and maybe open under different name due to my financial situation at the moment. I hope the State of Florida understands my pleadings due to my condition and non- intentional mistake. I will have an accountant take care this next year so it will never happen again. I having enough trouble personally to keep myself alive with the treatment. I am not able to pay the added amount if requested to keep my company name.

Thank you for your understanding and I do hope all goes well, God bless.

Mr. Jay Maya


- Fees Sent: \$ 61.25
HERE 88.75
\$ 150.00

IF THIS IS NOT ACCEPTED - PLEASE RETURN CHECK.
THANK YOU. Mr. J. Maya
MY WIFE WAS TO SEND THIS ON 4/15/02