

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90242 019 ***150.00

0172493 AV

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1. Entity Name
"A.A.S.", INC.



Principal Place of Business
18279 PINES BLVD.,
PEMBROKE PINES FL 33029

Mailing Address
18279 PINES BLVD.,
PEMBROKE PINES FL 33029



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1008903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTUCCI, ANTHONY

~~18279 PINES BLVD.~~ 16200 SW 36th Street,
PEMBROKE PINES FL 33029

Name

Anthony SANTUCCI

Street Address (P.O. Box Number is Not Acceptable)

16200 S.W 36th Street

City

Miramar FL

Zip Code

33027

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Delete
NAME GUERRA, ALINA
STREET ADDRESS 5351 S W 126 TERRACE
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☒ Change ☐ Addition
NAME *Anthony SANTUCCI*
STREET ADDRESS *16200 S.W 36th Street. P.T.USD*
CITY-ST-ZIP *MIRAMAR FLORIDA 33027*

TITLE VSD ☒ Delete
NAME SANTUCCI, ANTHONY
STREET ADDRESS 5351 S W 126 TERRACE
CITY-ST-ZIP MIRAMAR FL 33027

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

TITLE *SANTUCCI ANTHONY* ☐ Delete
NAME *16200 SW 36th Street*
STREET ADDRESS *MIRAMAR FL 33027*
CITY-ST-ZIP

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 607, 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:

Anthony Santucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

954-849 4480
Daytime Phone #

CR2E034 (10/02)