## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 29, 2002 8:00 am Secretary of State P00000053010 DOCUMENT # 1. Entity Name 05-29-2002 90706 015 \*\*\*150.00 A & E GOING GLOBAL, INC. Principal Place of Business Mailing Address 15327 NORTHWEST 60TH AVENUE 15327 NORTHWEST 60TH AVENUE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1009697 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent PRIETO, ABEL Street Address (P.O. Box Number is Not Acceptable) 15327 NORTHWEST 60TH AVENUE #201 MIAMI LAKES FL 33014 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE ☐ Addition Change PRIETO, ABEL NAME NAME 15327 NORTHWEST 60TH AVENUE #201 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-7IP CITY-ST-ZIP D ☐ Delete TITLE Change ☐ Addition NAME PRIETO, EILEEN NAME STREET ADDRESS 15327 NORTHWEST 60TH AVENUE #201 STREET ADDRESS CITY-ST-ZIF MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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

**FILED**