

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90235 004 ***150.00

DOCUMENT # P 000000 53010
1. Entity Name
A+E Going Global, Inc.



DO NOT WRITE IN THIS SPACE

55044823

2. Principal Place of Business
15327 NW 60 Ave
Suite, Apt. #, etc.
201

3. Mailing Address
15327 NW 60 Ave
Suite, Apt. #, etc.
201

DO NOT WRITE IN THIS SPACE

City & State
Miami Lakes, FL
Zip
33014 Country
USA

City & State
Miami Lakes, FL
Zip
33014 Country
USA

4. FEI Number
65-100 9697

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Prieto, Abel
Street Address (P.O. Box Number is Not Acceptable)
15327 NW 60 Ave
Suite 201
City
Miami Lakes FL Zip Code
33014

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 Abel Prieto, Director DATE 4/26/03
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$450.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>Prieto, Abel</u> <u>15327 NW 60 Ave, #201</u> <u>Miami Lakes, FL 33014</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Prieto, Eileen</u> <u>15327 NW 60 Ave, #201</u> <u>Miami Lakes, FL 33014</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Abel Prieto DATE 4/26/03 DAYTIME PHONE # 786-486-4187
(Signature and typed or printed name of signing officer or director)

CR2E034B (12/02)