

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90114 045 \*\*\*550.00

NI 6806910 4

**DOCUMENT # P00000069937**

1. Entity Name  
**A.A.D INCORPORATED**

Principal Place of Business Mailing Address  
**HAELE ST-2 P.O.B-20 HAELE ST-2 P.O.B-20**  
**BET-SHEMESH 99000 ISRAEL NA BET-SHEMESH 99000 ISRAEL NA**  
**OC OC**

2. Principal Place of Business 3. Mailing Address  
**2525 N. STATE RD. 7 2525 N. STATE RD 7**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 115 # 115**  
 City & State City & State  
**HOLLYWOOD, FL HOLLYWOOD FL**  
 Zip Country Zip Country  
**33021 33021**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1039926** 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  
**BUSINESS FILINGS INCORPORATED** Name **AMIT ALIMA**  
**1000 WEST AVENUE** Street Address (P.O. Box Number is Not Acceptable)  
**NO. 1114** **2525 N. STATE RD 7 # 115**  
**MIAMI BEACH FL 33139-0000** City **HOLLYWOOD FL** Zip Code **33021**

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 **AMIT ALIMA** DATE **8/21/01**  
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 Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMIT, ALIMA</b>	NAME	<b>AMIT ALIMA</b>
STREET ADDRESS	<b>ST-2 BET SHEMESH</b>	STREET ADDRESS	<b>2525 N. STATE RD 7 # 115</b>
CITY-ST-ZIP	<b>ISRAEL</b>	CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALIMA, DAVID</b>	NAME	<b>ALIMA, DAVID</b>
STREET ADDRESS	<b>2525 N. STATE ROAD 7, SUITE 215</b>	STREET ADDRESS	<b>2525 N. STATE RD 7 # 115</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **AMIT ALIMA** DATE **8/21/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (5/01)