

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-77652

1. Entity Name

AA SERVICES INC. 1984

FILED

02 JAN 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18565 SW 104 AVE
MIAMI, FL, 33157

Mailing Address

18565 SW 104 AVE
MIAMI, FL, 33157

2. Principal Place of Business

18565 SW 104 AVE

Suite, Apt. #, etc.

3. Mailing Address

18565 SW 104 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1036371

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORGE OJEDA

10387 SW 186 ST
MIAMI, FL, 33157

7. Name and Address of New Registered Agent

Name

NAIDIANA CASTINEIRAS OJEDA

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

19741 S.W 89 AVE

City

MIAMI, FL

FL

Zip Code

33157

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OJEDA, JORGE PT ☒ Delete
10387 SW 186 ST
MIAMI, FL, 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☐ Delete
THOMPSON, LUCIA O
12100 SW 182 TERR
MIAMI, FL, 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT ☒ Change ☐ Addition
CASTINEIRAS NAIDIANA O.
19741 S.W 89 AVE
MIAMI, FL, 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
11/LS 900004845489--7
-01/30/02--01077--004
*****88.75 *****88.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900004845489--7
-11/15/01--01027--010
*****35.00 *****35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900004845489--7
-11/15/01--01027--011
*****35.00 *****35.00

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-01 (305) 278-0748

Date

Daytime Phone #

CR2E034 (11/00)