

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2001 8:00 am
Secretary of State

05-10-2001 90128 045 ***150.00

DOCUMENT # P00000089689
1. Entity Name
 A & A AFFILIATES, INC. ✓

Principal Place of Business 9494 N.W. 52ND. DORAL LN. MIAMI, FL 33178
Mailing Address 9494 N.W. 52ND. DORAL LN. MIAMI, FL 33178

2. Principal Place of Business 11137 N.W. 72ND. TERR. Suite, Apt. #, etc.
3. Mailing Address 11137 N.W. 72ND. TERR. Suite, Apt. #, etc.

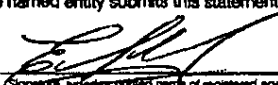
City & State MIAMI, FL
Zip 33178 **Country** USA
City & State MIAMI, FL
Zip 33178 **Country** USA

4. FEI Number 65-1061416 **Applied For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SENA, ALEXANDRE
 9494 N.W. 52ND DORAL LN.
 MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name EDUARDO S. GONZALEZ
Street Address (P.O. Box Number is Not Acceptable) 8180 N.W. 36 ST.
SUITE 230
City MIAMI **FL** **Zip Code** 33166

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  EDUARDO S. GONZALEZ **DATE** 4-27-01
(Signature) Type or printed name of registered agent and date if applicable. (Date) Registered Agent signature required when reinstating.

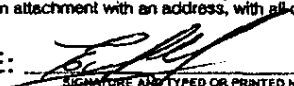
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back)

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	D. P. T. S.
STREET ADDRESS	DE SENA VALETE M.
CITY-ST-ZIP	11137 N.W. 72ND. TERR. MIAMI FL 33178
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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:  **assistant to the President** **DATE** 4-27-01 **(305) 477-7447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)