

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90849 035 \*\*\*150.00

**DOCUMENT # P01000083983**



1. Entity Name  
**A & A DISTRIBUTORS, INC.**

Principal Place of Business  
**3101 SW 117TH AVENUE  
DAVIE FL 33330**

Mailing Address  
**3101 SW 117TH AVENUE  
DAVIE FL 33330**

2. Principal Place of Business  
**5440 N.W. 161 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5440 N.W. 161 ST.**  
Suite, Apt. #, etc.

City & State  
**Hialeah, FL**  
Zip  
**33014**  
Country  
**USA**

City & State  
**Hialeah, FL**  
Zip  
**33014**  
Country  
**USA**

4. FEI Number **65-1132454**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**VIYANI, ALI MITHA**  
**3101 SW 117TH AVENUE**  
**DAVIE FL 33330**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 *Ali Mithavayani* **Ali MITHAVAYANI**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/19/03  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PD** ☐ Delete  
NAME **SABZALI, ALTAF**  
STREET ADDRESS **3101 SW 117TH AVENUE**  
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **VPD** ☒ Delete  
NAME **VIYANI, ALI MITHA**  
STREET ADDRESS **3101 SW 117TH AVENUE**  
CITY-ST-ZIP **DAVIE FL 33330**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE **CEO** ☒ Change ☐ Addition  
NAME **MITHAVAYANI, ALI**  
STREET ADDRESS **3101 S.W. 117 Ave**  
CITY-ST-ZIP **DAVIE, FL 33330**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ali Mithavayani* **Ali MITHAVAYANI** 2/19/03 **954-465-7783**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)