

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

11068600 AV

DOCUMENT # P01000097573

1. Entity Name
A.A. INSTALLATIONS, INC.

03-07-2002 90020 029 ***150.00

Principal Place of Business 9200 WEST ATLANTIC BOULEVARD SUITE 1434 CORAL SPRINGS FL 33071	Mailing Address 9200 WEST ATLANTIC BOULEVARD SUITE 1434 CORAL SPRINGS FL 33071
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2. Principal Place of Business 850 E. COMMERCIAL BLVD.	3. Mailing Address 850 E. COMMERCIAL BLVD.
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Suite/Apt. #, etc. 123	Suite/Apt. #, etc. 123	DO NOT WRITE IN THIS SPACE
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City & State OAKLAND PARK FL	City & State OAKLAND PARK, FL	4. FEI Number 65-1142003	Applied For <input type="checkbox"/> Not Applicable
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Zip 33334	Country USA	Zip 33334	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	7. Name and Address of New Registered Agent Name: TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable): 3329 N. Federal Hwy City: DOMPANO BEACH FL Zip Code: 33064
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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: **ANDRE L. SILVA** (NOTE: Registered Agent signature required when reinstating) DATE: **01/14/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE-NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILVA, ANDRE L 9200 WEST ATLANTIC BOULEVARD CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD VASCONCELLOS, ALDEMIR 9200 WEST ATLANTIC BOULEVARD CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANDRE L. SILVA** (NOTE: Registered Agent signature required when reinstating) DATE: **01-14-02** (954) 732-5589 Daytime Phone #

CR2E034 (9/01)