

(2003) **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90766 012 ***150.00

DOCUMENT # P01000101659

Entity Name

A & O ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

90117839

1. Principal Place of Business 2900 NW 12TH AVENUE		3. Mailing Address 2900 NW 12TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL,		City & State MIAMI FL,	
4. FEI Number 65-1146698	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Zip 33137	Country USA	Zip 33137	Country USA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ADELA ALCANTARA	
Street Address (P.O. Box Number is Not Acceptable) 1482 N.E. 104TH STREET	
City MIAMI SHORE	Zip Code FL 33138

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS			
LE ME REET ADDRESS Y-ST-ZIP	P/D ADELA ALCANTARA 1482 N.E. 104TH STREET MIAMI SHORE FL, 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	S/D YESENIA GODOY 1482 N.E. 104TH STREET MIAMI SHORE FL, 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP	V/D ADELA ALCANTARA 1482 N.E. 104TH STREET MIAMI SHORE FL, 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LE ME REET ADDRESS Y-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 supplementing 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 637, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)