

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90182 027 ***150.00

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DOCUMENT # P01000102813

1. Entity Name

AARON ACCOUNTING & FINANCIAL SERVICES, INC.



Principal Place of Business

**15404 SW 19TH STREET
MIRAMAR FL 33027**

Mailing Address

**15404 SW 19TH STREET
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

55 Weston Rd

Suite, Apt. #, etc.

#402

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Zip

33326

Country

USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHATZ, CECILE DOREEN

15404 SW 19TH STREET

MIRAMAR FL 33027

Name

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

55 WESTON RD #402

City

Weston

FL

Zip Code

33326

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

Cecile D Shatz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHATZ, ALAN JONATHAN	
STREET ADDRESS	15404 SW 19TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHATZ, CECILE DOREEN	
STREET ADDRESS	15404 SW 19TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alan Jonathan Shatz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 954-659-9150

CR2E034 (10/02)