

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

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90374 017 ***150.00

DOCUMENT # P01000110247

1. Entity Name

A.E.B.M PRODUCTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20355 NE, 34 ct

3. Mailing Address

20355 NE, 34 ct

Suite, Apt. #, etc.

626

Suite, Apt. #, etc.

626

City & State

AVENURA, FL

City & State

AVENURA, FL

4. FEI Number

22-3848123

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name RIVKA BEER

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

3530 MYSTIC ROUTE OR, Apt 3102

City AVENURA

FL

Zip Code 33180

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible

* Tax filing requirement and elects to do so.

(See criteria on back)

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**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	AARON E. BEER	20355 NE, 34 ct, Apt 626	AVENURA, FL 33180
DIRECTOR	RIVKA BEER	3530 MYSTIC ROUTE OR	AVENURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Aaron Beer - AARON BEER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2002

DATE

305-705-1614

DAYTIME PHONE #

CR2E034B (12/01)