2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113332

1. Entity Name

AMERICAN ASSOCIATED PROPERTIES, INC.

Principal Place of Business	Mailing Address
1608 NW 15TH STREET FT LAUDERDALE FL 33311	1608 NW 15TH STREET FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1608 N.W. 15th St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1077
Suite, Apt. #, etc.

City & State: Fort Lauderdale, FL
Zip 33311 Country USA

City & State: Fort Lauderdale, FL
Zip 33305 Country USA

4. FEI Number 80x003x8x8

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
GRAHAM, MAURICE ESQ 331 EAT PROSPECT RD OAKLAND PARK FL 33334	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 _____

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) ☞

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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 | **12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWN, VERONICA J		NAME		
STREET ADDRESS	1608 NW 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		CITY-ST-ZIP		

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

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

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CITY-ST-ZIP			CITY-ST-ZIP		

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CITY-ST-ZIP			CITY-ST-ZIP		

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/02)

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: Veronica R Brown   8-21-02   954-7607717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

American Associated Properties
Veronica Brown
P.O. box 1077
Fort Lauderdale, Florida 33302
August 21, 2002

To Whom it May Concern:

Please be informed that as a first time business owner, my corporation was not aware that a
Uniform Business Report for the time period listed was necessary. Therefore, it is the
corporation honorable request that a waiver of penalty fee be instated.

Your attention in addressing the above fee waiver request is appreciated.

Respectfully,

Veronica Brown