

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90196 031 ***150.00

DOCUMENT # P01000113332

1. Entity Name
AMERICAN ASSOCIATED PROPERTIES, INC.



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

Mailing Address
PO BOX 1077
FORT LAUDERDALE FL 33302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Veronica J Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003
Date

954-7607717
Daytime Phone #

CR2E034 (10/02)

Attachment #

80118199
PO100013332

American Associated Properties
P.O. box 1077
Ft.Lauderdale, FI 33302
May 7, 2003

Please accept my check for \$150.00 for my filing fee. I am new in the business and was not aware that I had to pay a filing fee yearly. Also my papers were misplaced.

Thank you for your cooperation in this matter.

Respectfully,

Veronica Brown

Veronica Brown
American Associated Properties
