

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 003 ***150.00

DOCUMENT # P01000118558

1. Entity Name
A & A PROPERTIES HOLDING COMPANY



Principal Place of Business
1320 S DIXIE HWY. STE 280
CORAL GABLES FL 33146

Mailing Address
1320 S DIXIE HWY. STE 280
CORAL GABLES FL 33146



2. Principal Place of Business
2475 Brickell Ave
Suite, Apt. #, etc.
APT. NO 1510

3. Mailing Address
2475 Brickell Ave
Suite, Apt. #, etc.
APT. NO 1510

City & State
Miami, FL.

City & State
Miami FL.

4. FEI Number 60-0499406

Applied For
Not Applicable

Zip
33129

Country

Zip
33129

Country

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

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
1320 S DIXIE HWY, STE 280
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name ASTRID PASCHALIDES
Street Address (P.O. Box Number is Not Acceptable)
2475 Brickell Ave. Apt. 1510
City Miami FL Zip Code 33129

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.

ASTRID PASCHALIDES

(NOTE: Registered Agent signature required when reinstating)

4/2/03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PASCHALIDES, ASTRID
STREET ADDRESS 1320 S DIXIE HWY, STE 280
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ Delete
NAME CARRASCO, ANA MARIA
STREET ADDRESS 1320 S DIXIE HWY, STE 280
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2475 Brickell Ave Apt. No 1510
CITY-ST-ZIP Miami, FL. 33129

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2475 Brickell Ave. Apt. No 1510
CITY-ST-ZIP Miami, FL. 33129

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASTRID PASCHALIDES

4/2/03

Date

Daytime Phone #

CR2E034 (10/02)