

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90133 005 \*\*\*150.00

**DOCUMENT # P01000119017**

1. Entity Name  
**AIMS COMMUNICATIONS, INC.**



Principal Place of Business  
**16300 NE 19 AVE #242**  
**MIAMIDO FL 33162**

Mailing Address  
**16300 NE 19 AVE #242**  
**MIAMIDO FL 33162**



2. Principal Place of Business

**11601 Biscayne Blvd**

3. Mailing Address

**11601 Biscayne Blvd**

Suite, Apt. #, etc.

**300**

Suite, Apt. #, etc.

**300**

City & State

**Miami**

**FL**

City & State

**Miami**

**FL**

Zip

**33181**

Country

**USA**

Zip

**33181**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0041706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, CARMEN**  
**16612 N MIAMI AVE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent

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

**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 **P** ☐ Delete  
NAME **MALDONADO, GEORGE**  
STREET ADDRESS **10462 NW 1ST CT**  
CITY-ST-ZIP **N MIAMI BEACH FL 33325**

TITLE **ST** ☐ Delete  
NAME **MALDONADO, IRMA**  
STREET ADDRESS **10462 NW 1ST CT**  
CITY-ST-ZIP **N MIAMI BEACH FL 33325**

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 **Pres. / CEO** ☒ Change ☐ Addition  
NAME **George Maldonado**  
STREET ADDRESS **10642 NW 1st Ct**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **Sec. Treas. & U. Pres.** ☒ Change ☐ Addition  
NAME **Ierna Maldonado**  
STREET ADDRESS **10642 NW 1st Ct**  
CITY-ST-ZIP **Plantation FL 33324**

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

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

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

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

CR2E034 (10/02)

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:

**IRMA MALDONADO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/03**

**(305) 895-2303**  
Daytime Phone #