## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000105390

1. Entity Name

AAA BAIL YES BONDING AGENCIES, INC.



## **FILED** Apr 21, 2003 8:00 am \$ Secretary of State

04-21-2003 90328 026 \*\*\*150.00

Principal Place of Busin 2299 SW 27 AVENUE	ess	Mailing Address 2299 SW 27 AVENUE		·
SUITE 200	•	Suite 200		
MIAMI FL 33145		MIAMI FL 33145		E PROGRAMA ANT REGIO TIMIL REGIO BRIGH ANTON FOR A STATE AND A
US		US		
2. Principal Place of Bu	siness	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Na	ne and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
<del></del>			Name	
DEFABIO, JOEL ES	Q.			
•			Street Addre	ress (P.O. Box Number is Not Acceptable)
2121 PONCE DELE	UIY DLYD.			
SUITE 430				
CORAL GABLES FL	33134	•	City	FL Zip Code
8. The above named er	tity submits this statement for	the purpose of changing it	s registered office or rec	gistered agent, or both, in the State of Florida. I am familiar with, and accep-
the obligations of reg				
SIGNATURE	<del></del>	4.		
Signature, ty	ed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature re	required when reinstating) DATE
Signature, ty	ped or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating) DATE
	/!!! FEE IS \$150.00	nd title if applicable. (NO	TE: Registered Agent signature re	
FILE NOV After May 1, 2	/!!! FEE IS \$150.00 003 Fee will be \$550.00		TE: Registered Agent signature re	9. Election Campaign Financing \$5.00 May Be
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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 ampowered 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 addyses with all other like explowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP