

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010066

1. Entity Name

AARON ALEXIS CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90118 041 ***158.75

Principal Place of Business 1865 S OCEAN DR., #5-M HALLANDALE FL 33009 US	Mailing Address 1865 S OCEAN DR., #5-M HALLANDALE FL 33009-7609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18800 NW 2 nd AVE Suite, Apt. #, etc. #2200	3. Mailing Address Suite, Apt. #, etc.
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City & State North Miami, FL	City & State
Zip 33169	Country USA

4. FEI Number 65-0374172	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EICOFF, WILLIAM 1865 S OCEAN DR 5M HALLANDALE FL 33009
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. SIGNATURE <i>William S Eicoff</i> CEO William S Eicoff 4/18/00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EICOFF, WILLIAM 1865 S OCEAN DR., #5-M HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICOFF, RICHARD 187 SUFFOLK AVE STATEN ISLAND NY 10314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO EICOFF, AARON P 246 RICE AVE STATEN ISLAND NY 10314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, ALEXIS 1412 TOWNE HARBOR LANE WOODSTOCK GA 30189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBBINS, KATHLEEN 1865 S OCEAN DR., #5-M HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EICOFF, EILEEN 38 GILROY ST STATEN ISLAND NY 10309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>William S Eicoff</i> CEO William S Eicoff 4/18/00 895-0101 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)