## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2003 8:00 am Secretary of State P94000053609 04-18-2003 90175 028 \*\*\*150.00 DOCUMENT # 1. Entity Name AIMIS CO. Principal Place of Business Mailing Address 3375 N COUNTRY CLUB DR. 103 3375 N COUNTRY CLUB DR. 103 N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIMIS, HELEN Street Address (P.O. Box Number is Not Acceptable) 3375 N COUNTRY CLUB DR, 103 N MIAMI BEACH FL 33180 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/02) AIMIS, HELEN NAME NAME 3375 N COUNTRY CLUB DR, 103 STREET ADDRESS STREET ADDRESS N MIAMI BEACH, FL 33180 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TIME ☐ Change ☐ Addition FARROW, PENNY NAME NAME 3375 N COUNTRY CLUB DR #103 STREET ADDRESS STREET ADORESS MIAMI FL 33180 CITY-ST-7P CITY-ST-ZIP . Change X Addition TITLE TITLE ☐ Delete Paul Aimis 3375 N. Country Club Dr., NAME NAME \_ #103 STREET ADDRESS STREET ADDRESS N Miami Beach, Fl. 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete nne ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-7IP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 2:P 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 charged, or on an attachment with an address, with all other like gappowereds.

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