2001 UNIFORM BUSINESS REPORT (WBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000053476 1. Entity Name AOS OF SOUTH BROWARD, INC.					FILED Apr 10, 2001 8:00 am Secretary of State 03-26-2001 90078 003 ***150.00			
Principal Place 491 S STATE RI SUITE 200 T LAUDERDALE	D SEVEN	Mailing Address 4491 S STATE RD SEVEN SUITE 200 FT LAUDERDALE FL 33314	, , , , , , , , , , , , , , , , , , ,					
2. Principal Place of Business 4491 S. State Rd. Seven Sulte, Apt. #, etc.		3. Mailing Address 4491 S. State Rd. Seven Suite, Apt. #, etc.		<u>.</u>	DO NOT WRITE IN THIS SPACE			
Suite 208 City & State		Suite 208 City & State		4. F	4. FEI Number 65-0596791 Applied For			
Zip	lerdale, FL.	Ft. Landerdale	Country USA	50	Certificate of Status Desire		Not 8.75 Addit	
33314	6. Name and Address of Current F		- MOA-	7. N	lame and Address of Ne		·	
4491 SUITE	ÆRT, LOUIS W III SOUTH STATE ROAD SEVEN 200		Street Ad	idress (P.O. B	Stark (P.O. Box Number is Not Acceptable) 1. Broward Blvd.			
FT LA	UDERDALE FL 33314		CityOL	1 13.	1	FL	Zip Code	221
8. The above	named entity submits this statement to	the purpose of changing its re		INTATIO registered ag			1	2 <u>7</u> 4
SIGNATURE _	Signatury-typed or printed name/of registered agent a	notetie it appikaable. (NOTE: R	egistered Agent signatu	re required when re	instating)	DATE		
or the corporation is angular representation of the corporation of the			FEE IS \$150.0 Fee will be \$5 to Department	50.00	10. Election Campaigr Trust Fund Contrib			May Be to Fees
11.	OFFICERS AND		12.		DITIONS/CHANGES TO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, BARRY 4491 S. STATE RD. 7 STE 200 FT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Stark State Rd.7,# uderdale, FL	-208	Change	CR2E034 (10/00)
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THE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,		☐ Change	☐ Addition
13. I hereby indicated	certify that the information supplied will don this report or supplemental report or proporation or the receiver or trustee empt, or on an attachment with an address.	s true and accurate and that my owered to execute this report a	the exemption stay y signature shalf its required by Ch	apter 607, Flo	119.07(3)(i), Florida Statu legal effect as if made ur rida Statutes; and that my	name appears i	tify that the ir am an officer n Block 11 or Daytime Phone *	nformation or director r Block 12 if