

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90124 018 ***150.00

DOCUMENT # P95000053476

1. Entity Name
AOS OF SOUTH BROWARD, INC.

Principal Place of Business

**4491 S STATE RD SEVEN
SUITE 208
FT LAUDERDALE FL 33314**

Mailing Address

**4491 S STATE RD SEVEN
SUITE 208
FT LAUDERDALE FL 33314**

2. Principal Place of Business

**8181 W. Broward Blvd
Suite, Apt. #, etc.
255**

3. Mailing Address

**8181 W. Broward Blvd
Suite, Apt. #, etc.
255**

City & State

Plantation FL

City & State

Plantation FL

Zip

33324

Country

USA

Zip

33324

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0596791**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STARK, BARRY
8181 W. BROWARD BLVD
SUITE 255
FORT LAUDERDALE FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	STARK, BARRY			
	4491 S. STATE RD., 7, #208			
	FT LAUDERDALE FL 33314			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)