

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000011637**

1. Entity Name

A & A CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3150 JASMINE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
3150 JASMINE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL

Zip Country

33483

City & State
DELRAY BEACH FLORIDA

Zip Country

33483

4. FEI Number
65-0730519

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
VERZAAL, ADRIAN R

Street Address (P.O. Box Number is Not Acceptable)
3150 JASMINE DRIVE

DELRAY BEACH 33483

City **FL** Zip Code

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D
VERZAAL, ADRIAN R
960 GARDENIA DRIVE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VERZAAL, ADRIAN R
3150 JASMINE DRIVE
DELRAY BEACH, FL 33483

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIAN VERZAAL

Date

Daytime Phone #

CR2E034B (12/01)