2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000031629** 1. Entity Name AH&A, INC. 03-23-2000 90012 014 ***150.00 Mailing Address Principal Place of Business ONE WEST CAMINO REAL ONE WEST CAMINO REAL **STE 117W STE 117W** BOCA RATON FL 33432-5966 BOCA RATON FL 33432 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0739003 Not Applicable Zip 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 AHARONOVIC, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) ONE WEST CAMINO REAL **STE 117W BOCA RATON FL 33432** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete AHARONOVIC, PHYLLIS NAME STREET ADDRESS ONE WEST CAMINO REAL- STE 117W STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete AHARONOVIC, CAROL NAME NAME STREET ADDRESS STREET ADDRESS ONE WEST CAMINO REAL- STE 117W CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE TITLE -Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.