

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90991 005 ***150.00

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DOCUMENT # P97000038559

1. Entity Name
AAA ENTERPRISES USA INC.



Principal Place of Business
6431 S.W. 35TH STREET
MIAMI FL 33155

Mailing Address
6431 S.W. 35TH STREET
MIAMI FL 33155

2. Principal Place of Business *Same*
6431 SW 35 Street
Suite, Apt. #, etc. *Same*

3. Mailing Address
6431 SW 35 Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0748838**

Applied For
Not Applicable

Zip **33155** **Country** **USA**

Zip **33155** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMAN, JOSE S
6431 S.W. 35TH STREET
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose S. Roman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

x4-24-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROMAN, JOSE A**
STREET ADDRESS **6431 S.W. 35TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose S. Roman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x4-24-03

Date

Daytime Phone #

305-665-7951

CR2E034 (10/02)