

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90853 034 ***150.00

DOCUMENT # P97000105677

1. Entity Name
AAA SUPPLIES, INC.



Principal Place of Business
**18333 NW 68 AVE.
HIALEAH FL 33015**

Mailing Address
**1717 N. BAYSHORE DR.
3154
MIAMI FL 33132**



2. Principal Place of Business

3. Mailing Address

18333 NW 68 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33015 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0800969**

Applied For

Not Applicable

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

**BARKER, NELSON F
1717 N BAYSHORE DR #3154
MIAMI FL 33132**

Name

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

18333 NW 68 AVE

City

MIAMI

FL

Zip Code

33015

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **BARKER, NELSON F**
STREET ADDRESS **1717 N BAYSHORE DR #3154**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **Director** ☒ Change ☐ Addition
NAME **Barker, Nelson**
STREET ADDRESS **18333 NW 68 AVE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 305-558-0060

Date

Daytime Phone #

CR2E034 (10/02)