

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069433

102

1. Entity Name

AAA SUPPLIES EQUIPMENT AND CHEMICALS, INC.

Principal Place of Business

1655 N. Miami Ave
Miami FL 33136

Mailing Address

5194E

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	Applied For
Zip	Country	Zip	Country	65-0856477	Not Applicable
5. Certificate of Status Desired				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIEDEBERG, HERMAN
1655 N. Miami Ave
Miami, FL 33136

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

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)

FILE IN NOVEMBER FEE IS \$150.00
After MAY 1, 2001, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	1655 N Miami Ave Miami, FL 33136	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDEBERG, SUSAN	NAME	
STREET ADDRESS	1655 N Miami Ave Miami, FL 33136	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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***300.00 ***300.00

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

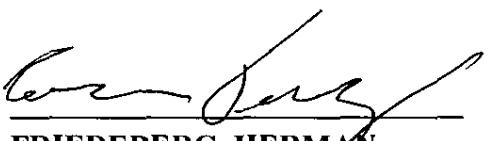
Daytime Phone #

20/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300 .00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **AAA SUPPLIES EQUIPMENT AND CHEMICALS, INC.** Thank you for your courtesy in this matter.


FRIEDEBERG, HERMAN
PRESIDENT