

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000069433	
1. Entity Name AAA Supplies Equipment and Chemicals, Inc.	

FILED
05 APR 12 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4455 E 10th Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33013	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856477	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

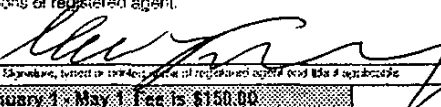
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Freideberg, Herman
Street Address (P.O. Box Number if that is the address) 4455 E 10th Lane
City Hialeah
State FL
Zip Code 33013

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.

200054127372
05/10/05--01013--007 **300.00

SIGNATURE: 
Signature, printed or typed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

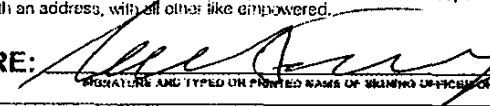
D. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
E. Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Freideberg, Herman 4455 E 10th Lane Hialeah, FL 33013	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Photo #

CR2034B (12/02)

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

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **AAA SUPPLIES EQUIPMENT AND CHEMICALS, INC.**

Thank you for your courtesy in this matter.



HERMAN FRIEDEBERG
PRESIDENT