

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90234 011 \*\*\*150.00

0023836 AV

**DOCUMENT # P98000087132**  
 1. Entity Name  
**AIM TO PLEASE, INC.**

Principal Place of Business Mailing Address  
**5705 W. HALLANDALE BEACH BLVD. #B-2** **5705 W. HALLANDALE BEACH BLVD. #B-2**  
**HOLLYWOOD FL 33023** **HOLLYWOOD FL 33023**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0869063** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NASH, DIANE**  
**5705 W. HALLANDALE BEACH BLVD. #B-2**  
**HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NASH, DIANE</b> <b>5705 W. HALLANDALE BEACH BLVD. #B-2</b> <b>HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **6/29/01** Daytime Phone # **305-380-3408**

CR2E034 (5/01)

To my former business attachment

D# 1980087132 7/5/01

Hi this is Linda Dash owner  
of Ann W. Please Inc. I called the end  
of May because I did & received my platform  
business report form, the reason I have problems  
is I share a mailbox with three other business  
in the same building and they sometime take the  
mail that don't belong to them, and I never receive  
my mail I left a message on the machine  
the end of May also three week ago I called  
and left my name & address so I was waiting  
on them to send out another bill I changing  
my mailing address next month I'll be filing  
out a new form

I'll be in touch

Mrs Dash # 65-0869063