

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000098361

1. Entity Name

A AA U.S.G. SERVICES, INC.

Principal Place of Business

250 187TH STREET

MIAMI BEACH
33160

FL

Mailing Address

250 187TH STREET

MIAMI BEACH
33160

FL

2. Principal Place of Business
PO BOX 6411133. Mailing Address
PO BOX 641113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI

FL

City & State
MIAMI

FL

4. FEI Number

65-0877674

Applied For

Not Applicable

Zip
33164

Country

Zip
33164

Country

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

6. Name and Address of Current Registered Agent

KAYE STEVE M
2320 N. 57TH TERRACEHOLLYWOOD
33021

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

04/24/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KAYE STEVE M	250 187 ST	MIAMI BCH FL 33160

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KAYE STEVE M	PO BOX 64113	MIAMI FL 33164

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: KAYE STEVE M

DATE: 04/24/2000