## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000012999** 1. Entity Name AAAA AAERA INVESTMENT CORPORATION 05-02-2001 90084 036 \*\*\*150.00 Mailing Address Principal Place of Business 1866 BRANCHWATER TR. 1866 BRANCHWATER TR. ORLANDO FL 32825 ORLANDO FL 32825 000930 2. Principal Place of Business 3. Mailing Address 3001 ALOMA AVE PO POK 72007 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE เอ7 City & State City & State 4. FEI Number Applied For 59-3558009 WINTER-PARK Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2872*-0*007 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AZARIO, NAZARIO, JRFFREY 1866 BRANCHWATER TR. ORLANDO FL 32825 tered agent, or both, in the State of Florida pits this statement for the purpose of changing its registered office or reg 8. The above name SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPS Addition ☐ Change Detete TITLE TITLE NAZARIO, JEFFREY NAME NAME STREET ADDRESS 1866 BRANCHWATER TR. ISTREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TITLE ☐ Delete TITLE Change Addition NAME NAZARIO, NANCY STREET ADDRESS 1866 BRANCHWATER TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS . CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 tustee 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 attachnial thit has address, with all other like empowered.