

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041254

1. Entity Name

A. E. F. ENTERPRISES, INC.

Principal Place of Business

C/O SAMUEL SPENCER BLUM, ESQ.
2666 TIGERTAIL AVE. SUITE 106
COCONUT GROVE FL 33133

Mailing Address

C/O SAMUEL SPENCER BLUM, ESQ.
2666 TIGERTAIL AVE. SUITE 106
COCONUT GROVE FL 33133-4651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917756

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, SAMUEL SPENCER
2666 TIGERTAIL AVE, Suite 106
COCONUT GROVE FL 33133

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 NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE D
NAME ANDOLINA, JOSEPH A
STREET ADDRESS 11 ANTILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE D
NAME FUSCO, PAUL
STREET ADDRESS 376 EAST WAKEFIELD BLVD.
CITY-ST-ZIP WINSTEAD CT 06093

☐ Delete

TITLE D
NAME EVERITT, HOWARD JR.
STREET ADDRESS APARTMENT 604 505 NE 30 STREET 1
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME Fusco, Paul
STREET ADDRESS 376 East Wakefield Blvd.
CITY-ST-ZIP Winstead, CT 06098-2966

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Joseph A. Andolina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

305 673 5536

Daytime Phone #

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90001 032 ***150.00

00039313



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)