

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90012 038 ***150.00

DOCUMENT # P99000041254

1. Entity Name

A. E. F. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

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

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



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 AVENUE
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE & NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE & NAME ☐ Delete
D FUSCO, PAUL
 STREET ADDRESS **376 EAST WAKEFIELD BLVD**
 CITY-ST-ZIP **WINSTED CT 06098**

TITLE & NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE & NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE & NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE & NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE & NAME ☐ Delete
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TITLE & NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE & NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 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

3-11-02

Date

305673-5536

Daytime Phone #

CP2F034 (9/01)