

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-22-2000 90004 023 ***150.00

DOCUMENT # P99000054454

1. Entity Name

AAA LIQUIDATIONS, INC.

R

Principal Place of Business

Mailing Address

8362 PINES BLVD., SUITE 224
PEMBROKE PINES FL 33024

8362 PINES BLVD., SUITE 224
PEMBROKE PINES FL 33024-6600

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

65-0927639

Applied For

Not Applicable

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

CHERY, JEAN-LOUIS
2320 N. RIVERDALE DR.
MIRAMAR FL 33025

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DELETE
NAME	
STREET ADDRESS	2320 RIVERDALE DR. N.
CITY-ST-ZIP	MIRAMAR, FL. 33025
TITLE	PRESIDENT
NAME	LATVIE Dubuisson CHERY
STREET ADDRESS	2320 RIVERDALE DR.
CITY-ST-ZIP	MIRAMAR, FL. 33025
TITLE	VICE PRESIDENT, V.P. PRES. SECRETARY
NAME	JEAN-LOUIS CHERY
STREET ADDRESS	2320 RIVERDALE DR. N.
CITY-ST-ZIP	MIRAMAR, FL. 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. PRES. SECRETARY

4/28/00

(952) 432-4970

CR2E034 (9/99)