

2000 UNIFORM BUSINESS REPORT (UBR)

3/2:

FILED
May 09, 2000 8:00 am
Secretary of State

03-21-2000 90011 034 ***158.75

DOCUMENT # P99000057795

1. Entity Name

A&A APARTMENTS, INC.

Principal Place of Business

5165 NORTHWEST 66TH DRIVE
CORAL SPRINGS FL 33067

Mailing Address

5165 NORTHWEST 66TH DRIVE
CORAL SPRINGS FL 33067-2169

2. Principal Place of Business

5165 NORTHWEST 66TH DRIVE
Suite, Apt. #, etc.

3. Mailing Address

A & A APARTMENT-TYPE
Suite, Apt. #, etc.
P.O. BOX 8353



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FLORIDA

City & State

CORAL SPRINGS, FLORIDA

4. FEI Number

65-0941425

Applied For

☒ Not Applicable

Zip

33067

Country

U.S.A

Zip

33075

Country

U.S.A

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

GO TO THE SECRETARY OF STATE
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	PD	<input type="checkbox"/> Delete
NAME	VARKEY, AUSEPH	
STREET ADDRESS	5165 NORTHWEST 66TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMAS, ANTONY	
STREET ADDRESS	5165 NORTHWEST 66TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHACKO, ANNAMMA M	
STREET ADDRESS	5165 NORTHWEST 66TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARKEY, CELINE	
STREET ADDRESS	5165 NORTHWEST 66TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 305-274-754
Date Daytime Phone #

CR2E034 (9/99)