## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000061984** Apr 27, 2000 8:00 am Secretary of State A&O SERVICES, INC. 04-27-2000 90114 001 \*\*\*150.00 Principal Place of Business Mailing Address 883 NORTHWEST 111TH AVENUE 883 NORTHWEST 111TH AVENUE PLANTATION FL 33324-7366 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address MITTANENUE 888 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0932597 Not Applicable PANTATION PLANTATION Country \$8.75 Additional 5. Certificate of Status Desired 33324 BROWARD Fee Required BROWARD 333L4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, RAGUET SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Non Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 3331Y <u> 33324</u> 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD ☐ Addition **PSTD** ☐ Delete TITLE HERNANDEZ, RAJUEL M. HERNANDEZ, RAQUEL M NAME NAME 883 NORTHWEST 111TH AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 PLANTATION FL 33314 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS