

2004. **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

DOCUMENT # **P99000071024**

1. Entity Name **AAA BAIL BONDS ADVISORY SERVICES, INC.**

05-10-2004 90484 014 ***150.00

DO NOT WRITE IN THIS SPACE

24074201

2. Principal Place of Business
2473 N.W. 7TH ST
Suite, Apt. #, etc.

3. Mailing Address
2473 N.W. 7TH ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI-FL

City & State
MIAMI-FL

4. FEI Number
65-0938959

Applied For
Not Applicable

Zip
33125

Country
USA

Zip
33125

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RODRIGUEZ, PEDRO O.

Street Address (P.O. Box Number is Not Acceptable)
2473 N.W. 7 ST.

City
MIAMI

FL

Zip Code
33125

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
POT RODRIGUEZ, PEDRO O
8316 N.W. 7 ST # 73
MIAMI-FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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; that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P.O. Rodriguez

4/22/04