

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

DOCUMENT # *P99000085038*

1. Entity Name

AISO, Inc.



FILED

04 JAN 27 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400027653334
01/27/04--01016--021 **155.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DIAMOND SHORES CONDO.

Suite, Apt. #, etc.

100 WOODLAKE CIRCLE

City & State

NAPLES FLORIDA

Zip

34114

Country

U.S.A.

3. Mailing Address

AISO - NANCY BOTTINO

Suite, Apt. #, etc.

129 ERLANGER BLVD.

City & State

N. BABYLON N.Y.

Zip

11703

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TAMMY FONTAINE

Street Address (P.O. Box Number is Not Acceptable)

106 ACACIA DRIVE

City

NAPLES, FLORIDA FL

Zip Code

34114

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tammy Fontaine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT ANGELA BOTTINO 129 ERLANGER BLVD. N. BABYLON N.Y. 11703</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT AI BOTTINO 1646 155 AVE. APT. 18G NEW YORK N.Y. 10028</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECY. TREAS. NANCY BOTTINO 129 ERLANGER BLVD. N. BABYLON N.Y. 11703</i>
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Bottino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

Date

631-2542701
Daytime Phone #

CR2E034B (12/02)