## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am DOCUMENT # P99000106634 Secretary of State 1. Entity Name AELLO ENTERPRISES, INC. 05-05-2000 90049 043 \*\*\*150.00 Mailing Address Principal Place of Business GLADES ROAD -2255 GLADES ROAD SHITE 236W - ~ ~ ~ ~ ~ ~ SUITE 238W BOCA RATON FL 33431-BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 2700 N. Military Trail <u> 2700 N. Military Trail</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 220 <u>Suite 220</u> Applied For 4, FEI Number City & State City & State 65-0972859 Not Applicable Boca Raton, Boca Raton, Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 33431-6394 33431-6394 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOLDSTEIN MARK GOLDSTEIN, MARK B Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD ---SUITE-236W-**BOCA RATON FL 33431** e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the Mark B. Goldstein (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Change** ☐ Defete TITLE GOLDSTEIN, MARK B. GOLDSTEIN, MARK B NAME NAME 2700 N. MILITARY TRAIL, Suite 220 2255-GLADES-ROAD-SUITE-236W-STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 --CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- --- --- --- ---- ---- Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ulify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if that my signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied w indicated on this report or supplemental repo of the corporation or the receiver or trustee changed, or on an attachment with an addi-

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B. Goldstein 4/17/00 (561) 989-9955

Daytime Phone #