

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

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90418 037 ***150.00

DOCUMENT # **P 99000111076**

1. Entity Name

A + FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10446 SW 16TH ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

P. PINES FL

City & State

4. FEI Number

65 0971827

Applied For

Not Applicable

Zip

33025

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SONIA CUEVAS

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

10446 SW 16TH ST

City

PEMBROKE PINES FL

Zip Code

33025

**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.

SIGNATURE **Sonia Cuevas**

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

(NOTE: Registered Agent signature required when reinstating)

6/5/02

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 **PRESIDENT**
NAME **SONIA CUEVAS**
STREET ADDRESS **10446 SW 16TH ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sonia Cuevas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02

Date

(561) 714-4434

Daytime Phone

CR2E034B (12/01)

Attachment



37799

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 3, 2002

A+ FINANCIAL SERVICES, INC.
10446 SW 16 STREET
PEMBROKE PINES, FL 33025

Subject: ~~A+ FINANCIAL SERVICES, INC.~~

Reference Number:

Attachment
P99000111076

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG
ANNUAL REPORTS SECTION