

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90073 042 ***150.00

DOCUMENT # V29774

1. Entity Name
AA FAMILY, INC.

Principal Place of Business

7850 SW 82 CT.
 MIAMI FL 33143

Mailing Address

7850 SW 82 CT.
 MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0328441**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARRERO, JULIO C.
2903 SALZEDO ST.
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE NAME | P ARIAS, ANA 7850 SW 82 CT. MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME | P ARIAS JUANA M. 7850 SW 82 CT MIAMI FL. 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7850 SW 82 CT. | STREET ADDRESS | 7850 SW 82 CT |
| CITY-ST-ZIP | MIAMI FL 33143 | CITY-ST-ZIP | MIAMI FL. 33143 |
| TITLE NAME | V/S ARIAS, JUANA M. 7850 SW 82 CT. MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7850 SW 82 CT. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | CITY-ST-ZIP | |
| TITLE NAME | T ARIAS, ERNEST R. 7850 SW 82 CT. MIAMI FL 33143 <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7850 SW 82 CT. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33143 | CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

SIGNATURE: Juana M. Arias **JUANA H. ARIAS** 4/20/02 **305-279-7523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0501030 AY

CR2E034 (9/01)