## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 08, 2002 8:00 am § Secretary of State DOCUMENT # V68952 1. Entity Name 08-08-2002 90090 013 \*\*\*150.00 A.A. MABRU, INC. Principal Place of Business Mailing Address 231505 SANDAL FOOT PLAZA DR. 231505 SANDAL FOOT PLAZA DR. 7201-C BOCA RATON FL 33428 **BOCA RATON FL 33428** US 3. Mailing Address 2. Principal Place of Business ₹oad 例ount Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Beach ŦL 65-0355556 ompano Not Applicable ompano Country Zip \$8.75 Additional 5. Certificate of Status Desired П S 33069 306 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ain - Mabru MABRU, ALAIN Street Address (P.O. Box Number is Not Acceptable) 23150 SANDALFOOT PL DR Blount Rd 214 #201C **BOCA RATON FL 33428** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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. CR2E034 (9/01 Change TITLE ☐ Delete TITLE Mabru, Alain NAME NAME MABRU, ALAIN Rd #214 Blount STREET ADDRESS STREET ADDRESS 23150 SANDALFOOT PL DR #201C CITY-ST-ZIP Beach, CITY-ST-ZIP **BOCA RATON FL 33428** Pompano Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 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 true 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 withpart address, with all other life empowered.

SIGNATURE:

SIGNATUR

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINI	SS REPORT (U	JBR)		•	
DOCUMENT # V68956 1. Entity Name A.A. MARRU I	2) NC. 1238	THIS SPACE  GAddress  I Blant Road  Apt. #, etc.  Than Beach F  State  A FELNumber  GS -0355556  Not Applied For Not Applicable  State  Address of Current Registered Agent  Street Address (P.O. Box Numbor in Not Acceptable)  The Alain Mabru  City Rom pan Beach  The State of Florida.  (NOTE Registered Agent Experiment Agent Agen			
DO NOT WRITE	IN THIS SPA	CE			
2. Principal Place of Business 1771 Blownt Road Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	#214 Sity & State				
Pompano Beach , Fl	I library and the same of the term			Not Applicable	
3369-512 Country . S.	33064-5122 Co	U-S.	5. Certificate of Status Desired		
		Name		t Registered Agent	
DO-NOT-W	RITE	Hiai			
IN THIS SPACE		Street Address (I	Blown + Ro	e) 	
IN THIS SE	ACE		#314	,	
<u></u>		City Vomb	ano Beach	FL 210 Code 64	
1.	the purpose of changing its regist	tered office or register	ed agent, or both, in the State of F	orida.	
SIGNATURE					
Signature, typed or printed name of registered agent s			when reinstating)	DATE	
<ul> <li>f. This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ul>	After May 1, Fe Amended UBI	e ls \$550.00 R is \$61.25	Trust Fund Contribution		
11. OFFICERS AND. TILE PRESIDENT		m.e.			
NAME STREET ADDRESS 1771 Blownt Rd 3 CITY-ST-ZIP Pompano Beach	1214 s	IAME TREET ADORESS			
TITLE NAME STREET ADDRESS	TI N	AME	,		
CITY-ST-ZIP	G	ITY-ST-ZIP			
TITLE NAME					
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	DO_NOT	WRITE	
TITLE			.,,		
NAME			IN I III	SPACE	
STREET ADDRESS CITY-SI-ZIP				İ	
TITLE				,	
NAME STREET ADDRESS			•		
CITY-ST-ZIP -	Cı	TY-ST-ZIP	,		
TITLE NAME		* *			
STREET ADDRESS	sı	TREET ADDRESS			
13. I hereby certify that the information supplied with		TY-ST-ZIP kemption stated in Sec	tion 119.07(3)(i), Florida Statutes	I further certify that the information	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emporation attachment with an address, with all other like em	swered/to execute this report as re	nature shall have the sequired by Chapter 60	/, Florida Statutes; and that my ha	ime appears in Block 11 or on an	
SIGNATURE:	INTED NAME OF SIGNING OFFICER OR DIRE	CTOR	7/17/02	954-956_7888 Daytime Phone •	