

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90090 013 ***150.00

DOCUMENT # V68952

1. Entity Name
A.A. MABRU, INC.

Principal Place of Business

231505 SANDAL FOOT PLAZA DR.
201-C
BOCA RATON FL 33428
US

Mailing Address

231505 SANDAL FOOT PLAZA DR.
201-C
BOCA RATON FL 33428
US

2. Principal Place of Business

1771 Blount Road
 Suite, Apt. #, etc.
214

3. Mailing Address

1771 Blount Rd
 Suite, Apt. #, etc.
214

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

U.S

Zip

33069

Country

US

4. FEI Number

65-0355556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MABRU, ALAIN
23150 SANDALFOOT PL DR
#201C
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name **Alain Mabru**
 Street Address (P.O. Box Number is Not Acceptable)
1771 Blount Rd # 214
 City **Pompano Beach FL** Zip Code **33069**

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

TITLE **D** ☐ Delete
 NAME **MABRU, ALAIN**
 STREET ADDRESS **23150 SANDALFOOT PL DR #201C**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **Mabru, Alain**
 STREET ADDRESS **1771 Blount Rd #214**
 CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-02

Date

Daytime Phone #

CR2E034 (9/01)

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

DOCUMENT # **V68952**

1. Entity Name

A.A. MABRU INC.

123838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1771 Blount Road

Suite, Apt. #, etc.

214

3. Mailing Address

1771 Blount Road

Suite, Apt. #, etc.

#214

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach FL

4. FEI Number

65-035556

Applied For

Not Applicable

Zip

33069-5122

Country

U.S.

Zip

33069-5122

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Alain Mabru

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

1771 Blount Rd

#214

City

Pompano Beach

FL

Zip Code

33069

**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

Signature, typed or printed name of registered agent and fee 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) ☐

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ALAIN MABRU
1771 Blount Rd #214
Pompano Beach FL 33069-5122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02

Date

954-956-7888

Daytime Phone #

CR2E034B (12/01)