

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90073 025 \*\*\*300.00

**DOCUMENT # F00000006243**

1. Entity Name  
**A.SUR NET, INC.**

DATE

AGRE

G/LA

VOUC.....

APPROVAL



420376

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**15950 WEST DIXIE HIGHWAY**  
**NORTH MIAMI BEACH FL 33162**  
**US**

Mailing Address  
**15950 WEST DIXIE HIGHWAY**  
**NORTH MIAMI BEACH FL 33162**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1061040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>WARNES, DAVID</b> <b>2977 MCFARLANE ROAD, SUITE 300</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>MARTIN, DAVID</b> <b>2977 MCFARLANE ROAD, SUITE 300</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVST</b> <b>GIORDANO, LOUIS P</b> <b>2977 MCFARLANE ROAD, SUITE 300</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>WARNES, DAVID</b> <b>15950 WEST DIXIE HIGHWAY</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>MARTIN, DAVID</b> <b>15950 WEST DIXIE HIGHWAY</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVST</b> <b>GIORDANO, LOUIS P.</b> <b>15950 WEST DIXIE HIGHWAY</b> <b>NORTH MIAMI BEACH, FL 33162</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** **DAVID WARNES**  
 Signature, typed or printed name of signing officer or director

2/6/02

786-274-7400

Date

Daytime Phone #

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# COMTECH

DOCUMENT #

1. Entity Name

A.SUR Net Services, Inc.

DATE RECEIVED

AGREED TO PO/RO/RECALL

G/L ACCOUNT

VOUCHER #

APPROVAL

ACCNT.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15950 West Dixie Highway

3. Mailing Address

15950 West Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

22-3836701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation - Plantation

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

1200 South Pine Island Road

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324

DO NOT WRITE  
IN THIS SPACE

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SIGNATURE

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(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 & CEO  
David Warnes  
15950 West Dixie Highway  
North Miami Beach, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EXECUTIVE VICE PRESIDENT  
David Martin  
15950 West Dixie Highway  
North Miami Beach, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP, Treasurer and Secretary  
Louis Giordano  
15950 West Dixie Highway  
North Miami Beach, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02

786-274-7400