

# 2001 UNIFORM BUSINESS REPORT (UBR)

0135987 AT

DOCUMENT # **F95000003572**

1. Entity Name  
**ASERETH MEDICAL SERVICES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN -4 PM 2:28

ASERETH MEDICAL SERVICES, INC.  
1224 E. GREEN ST., SECOND FL  
PASADENA, CA 91106-3112

Mailing Address  
~~SIERRA MADRE VILLA~~  
~~STE 102~~  
~~SAGENA CA 91107~~

Note:  
New Address



DO NOT WRITE IN THIS SPACE

01

2. Principal Place of Business		3. Mailing Address		4. FEE Number <b>95-4301454</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>MARCUS, KRTV</del> <b>Abraham Oikelome</b> <del>910 DODWOOD DR., #142</del> <del>DELRAY BEACH FL 33483</del> <b>P.O. Box 7000382</b> <b>MIAMI FL. 33170-0382</b>		Name <b>ABRAHAM OIKELOME</b> Street Address (P.O. Box Number is Not Acceptable) <b>16300 SW 102<sup>ND</sup> AVE</b> City <b>MIAMI</b> FL <b>33157</b> Zip Code <del>33170-0382</del>	

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 Abraham Oikelome Abraham Oikelome DATE 12/31/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD TAYLOR, THERESA <del>650 SIERRA MADRE VILLA, STE 102</del> <del>PASADENA CA 91107</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1224 E GREEN ST 2ND FL PASADENA, CA 91106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVST TAYLOR, DEJUAN <del>650 SIERRA MADRE VILLA, STE 102</del> <del>PASADENA CA 91107</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1224 E. GREEN ST 2ND FL 002 PASADENA, CA 91106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004778046-3 -01/16/02-01025-020 ****750.00 -****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(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: Abraham Oikelome SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/31/01 Daytime Phone # (626) 449-0099

CR2E034 (5/01)