

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90215 038 \*\*\*150.00

**DOCUMENT # P00000064686**

1. Entity Name  
**AS SOFTWARE SOLUTIONS, INC.**

Principal Place of Business

**8103 CAMINO REAL C-307  
 MIAMI FL 33143**

Mailing Address

**8103 CAMINO REAL C-307  
 MIAMI FL 33143**

2. Principal Place of Business

**6710 Bull Run Rd.**

3. Mailing Address

**6710 Bull Run Rd.**

Suite, Apt. #, etc.  
**Apt. G-365**

Suite, Apt. #, etc.  
**Apt. G-365**

City & State  
**Miami Lakes, FL**

City & State  
**Miami Lakes, FL**

4. FEI Number

**65-1023214**

Applied For  
 Not Applicable

Zip Country  
**33014 US**

Zip Country  
**33014 US**

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

6. Name and Address of Current Registered Agent

**CHAVARRIAGA OROZCO, ADRIANA M  
 8103 CAMINO REAL C-307  
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

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

**6710 Bull Run Rd. Apt. G-365**

City **Miami Lakes**

**FL**

Zip Code  
**33014**

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)

**03/10/2001**  
 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, 2001 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 **PD** ☐ Delete  
 NAME **CHAVARRIAGA OROZCO, ADRIANA MARIA**  
 STREET ADDRESS **8103 CAMINO REAL C-307**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VPD** ☐ Delete  
 NAME **OBREGON, SANTIAGO A**  
 STREET ADDRESS **8103 CAMINO REAL C-307**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6710 Bull Run Rd. Apt. G-365**  
 CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☒ Change ☐ Addition  
 NAME **Aulestia-Obregon, Santiago**  
 STREET ADDRESS **6710 Bull Run Rd. Apt. G-365**  
 CITY-ST-ZIP **Miami Lakes, FL 33014**

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

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

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

**03/10/2001**  
 Date

**(305) 8276375**  
 Daytime Phone #

0177873

CR2E034 (10/00)