

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90062 030 \*\*\*150.00

DOCUMENT # P94000069502

1. Entity Name  
ADVANCED SYSTEMS RESOURCES, INC.

Principal Place of Business

345 OCEAN DR  
APT 916  
MIAMI BEACH FL 33139

Mailing Address

345 OCEAN DR  
APT 916  
MIAMI BEACH FL 33139

2. Principal Place of Business

940 LINCOLN ROAD

3. Mailing Address

940 LINCOLN ROAD

Suite, Apt. #, etc.

Suite 223

Suite, Apt. #, etc.

Suite 223

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

Country

33139 USA

Zip

Country

33139 USA

4. FEI Number 65-0521527

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

KINKEAD, JEFF  
345 OCEAN DRIVE  
SUITE 916  
MIAMI BEACH FL 33139

Name

JEFF KINKEAD

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

940 LINCOLN ROAD

Suite 223

City

MIAMI BEACH

FL

Zip Code

33139

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KINKEAD, MIMI  
345 OCEAN DR. STE 916  
MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V  
KINKEAD, MIMI  
~~345 OCEAN DR~~ 940 LINCOLN ROAD, Ste. 223  
MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KINKEAD, JEFFREY A  
345 OCEAN DRIVE STE 916  
MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P  
KINKEAD, JEFFREY A.  
940 LINCOLN ROAD, Ste. 223  
MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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

Date

1/17/01

Daytime Phone #

305 531 9530

CR2E034 (10/00)