

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90145 007 ***150.00

DOCUMENT # P94000069502

1. Entity Name
ADVANCED SYSTEMS RESOURCES, INC.

Principal Place of Business

**940 LINCOLN ROAD
 STE 223
 MIAMI BEACH FL 33139**

Mailing Address

**940 LINCOLN ROAD
 STE 223
 MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**940 Lincoln Rd
 Suite, Apt. #, etc. 209**

3. Mailing Address

**940 Lincoln Rd
 Suite, Apt. #, etc. 209**

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0521527

Applied For

Not Applicable

Zip **33139** Country **USA**

Country

USA

Zip **33139** Country **USA**

Country

USA

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

6. Name and Address of Current Registered Agent

**KINKEAD, JEFF
 940 LINCOLN ROAD
 STE 223
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **JEFF Kinkead**
 Street Address (P.O. Box Number is Not Acceptable) **940 Lincoln Road**
Suite 209
 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, 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 **KINKEAD, MIMI**
 STREET ADDRESS **940 LINCOLN ROAD STE 223**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Delete
 NAME **KINKEAD, JEFFREY A**
 STREET ADDRESS **940 LINCOLN ROAD STE 223**
 CITY-ST-ZIP **MIAMI FL 33139**

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 **D** ☒ Change ☐ Addition
 NAME **JEFF Kinkead**
 STREET ADDRESS **940 Lincoln Rd Ste 209**
 CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **D** ☒ Change ☐ Addition
 NAME **Jeffrey Kinkead**
 STREET ADDRESS **940 Lincoln Rd. Ste 209**
 CITY-ST-ZIP **Miami Beach FL 33139**

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02

Daytime Phone #

305 531 9530

CR2E034 (9/01)