

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90296 033 ***150.00

DOCUMENT # P95000044173

1. Entity Name

AUTOMATED SYSTEMS ENGINEERING GROUP, INC.

O U I D I O



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8290 N. MIZZON DRIVE
 BOYNTON BEACH FL 33437
 US

8290 N. MIZZON DRIVE
 BOYNTON BEACH FL 33437
 US

2. Principal Place of Business

8450 S Mizzon Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

4. FEI Number

65-0585624

Applied For
 Not Applicable

Zip
 33437

Country
 USA

Zip

Country

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

WU LING ZI
 5820 NW 12TH STREET
 SUITE H
 SUNRISE FL 33313

Name: WU, LING

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

8450 S Mizzon Dr.

City: Boynton Beach, FL

Zip Code: 33437

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:

(NOTE: Registered Agent signature required when reinstating)

1/6/2000
 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, 2000 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: PSTD
 NAME: WU, LING ZI
 STREET ADDRESS: 8450 S. MIZZON DRIVE
 CITY-ST-ZIP: BOYNTON BEACH FL 33437

TITLE:
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 Change Addition

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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

1/6/2000 561 364-4900
 Date Daytime Phone #

CR2E034 (9/99)