

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90019 034 ***150.00

DOCUMENT # **152243**

1. Entity Name
ASIG MIAMI, INC.

Principal Place of Business
4720 N.W. 20TH STREET
MIAMI FL 33159

Mailing Address
ATTN: TAX/TREASURY DEPT.
1815 GRIFFIN ROAD-#300
DANIA FL 33004-2252
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 S. Orange Avenue

3. Mailing Address *ATTN: TAX*
201 S. Orange Avenue

Suite, Apt. #, etc.
1100

Suite, Apt. #, etc.
1100

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-0578335**

Applied For
 Not Applicable

Zip **32801** Country **US**

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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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEDO, WR 1815 GRIFFIN ROAD - STE #300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNES, STEPHEN 1815 GRIFFIN RD - STE #300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WATTS, GEORGE 1815 GRIFFIN ROAD - STE #300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASSETT, JOHN 1815 GRIFFIN RD - STE 300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFSV HARTMAN, JEFFREY P 1815 GRIFFIN RD - STE 300 DANIA FL 33006-2252	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANGER, KURTIS 1815 GRIFFIN RD - #300 DANIA FL 33006-2252	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO Ryan, Keith P. 1825 Lake Roberts Ct. Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Goldstein, Joseph I 9169 Bdy Hill Blvd. Orlando FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Rector, Richard 2188 Bent Oak Drive Apopka, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haskins, Elizabeth 418 River Drive DeBary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, VP, T 488 Misty Lane Winter Park, FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Stephen W. 1613 Onondaga Geneva FL 32732	<input type="checkbox"/> Change <input checked="" 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date Daytime Phone #

01/20/02

CR2E034 (9/01)