

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90284 047 ***158.75

DOCUMENT # 152243

1. Entity Name
ASIG MIAMI, INC.



Principal Place of Business
**201 S. ORANGE AVENUE
1100
ORLANDO FL 32801**

Mailing Address
**201 S. ORANGE AVENUE ATTN: TAY
1100
ORLANDO FL 32801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0578335**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	RYAN, KEITH P	
STREET ADDRESS	1825 LAKE ROBERTS CT.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JOSEPH I	
STREET ADDRESS	9169 BAY HILL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	AT	<input type="checkbox"/> Delete
NAME	RECTOR, RICHARD	
STREET ADDRESS	2188 BENT OAK DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASKINS, ELIZABETH	
STREET ADDRESS	418 RIVER DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	CVPT	<input type="checkbox"/> Delete
NAME	HARTMAN, JEFFREY P	
STREET ADDRESS	488 MISTY LANE	
CITY-ST-ZIP	WINTER PARK FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANGER, KURTIS	
STREET ADDRESS	1613 ONONDAGN	
CITY-ST-ZIP	GENEVA FL 32732	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith P. Ryan	
STREET ADDRESS	1825 Lake Roberts Ct.	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Hartman	
STREET ADDRESS	488 Misty Lane	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pentiss Frese	
STREET ADDRESS	1125 Lake Shadow Cir. #5-202	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

407-648-7235

Date

Daytime Phone #

CR2E034 (10/02)