

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90041 028 ***150.00

DOCUMENT # 166755

1. Entity Name
 ASIG FUELING MIAMI, INC.

Principal Place of Business

MIAMI NATIONAL AIRPORT
 4720 NW 20 STREET
 MIAMI FL 33159

Mailing Address

1815 GRIFFIN RD
 STE 300
 DANIA FL 33004-2252
 US

2. Principal Place of Business

201 S. Orange Avenue
 Suite, Apt. #, etc.
 1100

3. Mailing Address

ATTN. TAX
 201 S. Orange Ave
 Suite, Apt. #, etc.
 1100

City & State
 Orlando FL

City & State
 Orlando FL

Zip
 32801

Country
 US

Zip
 32801

Country
 US

4. FEI Number 59-0785228

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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.

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 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 RD. STE 300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GASSETT, JOHN W 1815 GRIFFIN RD STE 300 DANIA FL 3004-252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP HARTMAN, JEFFREY P 1815 GRIFFIN RD STE 300 DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANGER, KURTIS 1815 GRIFFIN RD, STE 300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SELLAS, ROBERT D JR 1815 GRIFFIN RD STE 300 DANIA FL 33004-2252	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 Bay Hill Blvd. Orlando FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Rector, Richards 2188 Bent Oak Dr. Apopka, FL 32712	<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 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haskins, Elizabeth 418 River Drive De Bary, FL 32713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Stephen V. 1613 Onondaga M 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]

2/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)