2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 666906

107 CORDOBA CIR

ROYAL PALM BCH, FL

Address: City-St-Zip:

Entity Name: AMERICAN SALES INDUSTRIES, INC

FILED Jan 31, 2002 8:00 AM Secretary of State

Littly Nai	IIIE. AWIEK	ICAN SALES INDI	USTRIES, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
		ANE STE 101 33404						
Current Mailing Address:				New Maili	New Mailing Address:			
		ANE STE 101 33404						
FEI Number:	: 59-1982523	FEI Number Ap	oplied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
TALERICO, PAT 12700 DRAKE LANE PALM BEACH GARDENS, FL 33410 US				3560 INVE 101	TALERICO, PAT 3560 INVESTMENT LANE 101 RIVIERA BEACH, FL 33404 US			
	named enti e of Florida.	ty submits this sta	tement for the p	urpose of changing i	ts registered	office or registered agent	, or both,	
SIGNATURE:					01/31/2002			
	Elect	ronic Signature of	Registered Age	nt		Date		
		e to satisfy its Intang cing Trust Fund Con		irement and elects to d	lo so (X).			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P TALERICO, 2271 NIKI J PALM BCH			Title: Name: Address: City-St-Zip:	TALERICO, F 3560 INVEST	(X) Change () Addition PAT, TMENT LANE SUITE 101 ACH, FL 33404 US		
Title: Name: Address: City-St-Zip:	S TALERICO, 4968 D. ALI WEST PALI	*		Title: Name: Address: City-St-Zip:	(()Change ()Addition		
Title: Name:	V TALERICO,	() Delete JOSEPH,		Title: Name:	(() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAT TALERICO P 01/31/2002