

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90167 018 ***150.00

DOCUMENT # F00000006898

1. Entity Name
AS PROPERTIES LTD, CO.



Principal Place of Business
~~2455 HOLLYWOOD BLVD., #305~~
~~HOLLYWOOD FL 33020~~

Mailing Address
6183 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014

11009433



2. Principal Place of Business

3. Mailing Address

1175 N.E 125 ST
Suite # 412

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
North Miami, FL

City & State

4. FEI Number **65-0788538**

Applied For
Not Applicable

Zip
33161

Country
U.S.A.

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

SAILSBURY, LYNN
2455 HOLLYWOOD BLVD., #305
HOLLYWOOD FL 33020

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

LYNN SAILSBURY

04/6/2003

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PCD
HANSEN, ANNE
STREET ADDRESS **2455 HOLLYWOOD BLVD., #301**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
VD
PIPPS, CHRISTIE
STREET ADDRESS **2455 HOLLYWOOD BLVD., #301**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Lynn Sailsbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/6/2003
Date

+13059686011
Daytime Phone #

CR2E034 (10/02)