

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90128 026 ***150.00

DOCUMENT # J98768

1. Entity Name

AMERICAN SPECIALTY SALES CORP.

Principal Place of Business

Mailing Address

~~% JOEL SCHAFFER~~
 14278 BISCAYNE BLVD
 NORTH MIAMI FL 33181

~~% JOEL SCHAFFER~~
 14278 BISCAYNE BLVD
 NORTH MIAMI FL 33181-1204

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0018695**

Applied For
 Not Applicable

Zip Country 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

~~SCHAFFER, JOEL~~
 14278 BISCAYNE BLVD
 NORTH MIAMI, FL 33181

Name **Linda Minick**
 Street Address (P.O. Box Number is Not Acceptable)
8350 SW 184th ST
 City **MIAMI** FL Zip Code **33157**

DO NOT WRITE IN THIS SPACE



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 **Linda B Minick** **Linda B Minick** 2/7/00
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, 2000 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | President | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| NAME | SCHAFFER, JOEL | | NAME | Robert K. Minick Jr. | |
| STREET ADDRESS | 14278 BISCAYNE BLVD | | STREET ADDRESS | 8350 SW 184th ST | |
| CITY-ST-ZIP | NORTH MIAMI FL | | CITY-ST-ZIP | MIAMI, FL 33157 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | VICE PRESIDENT | Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| NAME | SCHAFFER, SYLVIA | | NAME | FRANK SPINATO | |
| STREET ADDRESS | 14278 BISCAYNE BLVD | | STREET ADDRESS | 8533 SW 210th Ave | |
| CITY-ST-ZIP | NORTH MIAMI FL | | CITY-ST-ZIP | North Miami FL 33189 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | SECRETARY/TREASURER | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| NAME | | | NAME | LINDA R. MINICK | |
| STREET ADDRESS | | | STREET ADDRESS | 8350 SW 184th ST | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | MIAMI, FL 33157 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: **Linda B Minick** **Linda B Minick** 2/7/00 305-947-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)