

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61044

1. Entity Name

A & S INVESTMENT CO.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 030 ***150.00

Principal Place of Business

1313 PONCE DE LEON BLVD
301
CORAL GABLES FL 33134
US

Mailing Address

1313 PONCE DE LEON BLVD
301
CORAL GABLES FL 33134-3343
US

2. Principal Place of Business

1900 N.W 95 AVE
Suite, Apt. #, etc.

3. Mailing Address

1900 N.W 95 AVE
Suite, Apt. #, etc.
MIAMI FLA.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

65-0100179

Applied For

Not Applicable

Zip

Country

DADE

Zip

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRERA, ANDREW
1313 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ANDREW FERRERA
Street Address (P.O. Box Number is Not Acceptable)
1900 N.W 95 AVE
City MIAMI FL Zip Code 33172

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

Andrew Ferrera ANDREW FERRERA PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

1/10/00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRERA, ANDREW S.	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERRERA, CARMEN	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Andrew Ferrera ANDREW FERRERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 305-436-8207
Daytime Phone #

CR2E034 (9/99)