

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76697

1. Entity Name

A.S.T. INVESTMENTS, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90137 001 ***150.00

0488538

Principal Place of Business 14725 BALGOWAN RD APT 104 HIALEAH FL 33016 US	Mailing Address P O BOX 170935 HIALEAH FL 33017 US
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C0032254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2600 Douglas Road Suite, Apt. #, etc. Suite 607 City & State Coral Gables, FL Zip 33134 Country Miami-Dade	3. Mailing Address 2600 Douglas Road Suite, Apt. #, etc. Suite 607 City & State Coral Gables, FL Zip 33134 Country Miami-Dade
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4. FEI Number 65-0116323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TALAMAS, ANTOINE S.
14725 BALGOWAN RD
APT. 104
HIALEAH FL 33016

7. Name and Address of New Registered Agent
Name
Robert A. Hendricks
Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road
Suite 607
City
Coral Gables FL Zip Code
33134

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 Robert A. Hendricks Robert A. Hendricks, President
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, 2001 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	DP TALAMAS, ANTOINE S. 14725 BALGOWAN RD #104 MIAMI LAKES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hendricks, Robert A. 2600 Douglas Road, Suite 607 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Talamas, Robert S. 1859 W Leewynn Dr Sarasota, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tomasini, Eileen 5400 Lancelot Lane Davie, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Talamas, Anthony 5224 S.W. 116 Avenue Cooper City, FL 33330 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Robert A. Hendricks Robert A. Hendricks, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)