2002 UNIFORM BUSINESS REPORT (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # L0000003979 1. Entity Name 04-08-2002 90207 020 ****50.00 A.S. & ASSOCIATES, L.C. Mailing Address Principal Place of Business 20423 STATE ROAD 7 STE 6290 20423 STATE ROAD 7 STE 6290 **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1046769 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGLIN, STEWART Street Address (P.O. Box Number is Not Acceptable) 20423 STATE RD 7. STE 6290 **BOCA RATON FL 33498** City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition (9/01) ☐ Delete TITLE TITLE Change NAME SEGLIN, ADAM NAME CR2E083 STREET ADDRESS 20423 STATE RD 7, STE 6290 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hat 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the I hereby certify the indicated on this report

RE AND TYPED OR PRINTED MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

limited liability c

SIGNATURE