

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90067 025 ****50.00

DOCUMENT # L01000009002

1. Entity Name
A.S.I., LLC

Principal Place of Business

**8460 S.W. 12TH ST.
 MIAMI FL 33144**

Mailing Address

**8460 S.W. 12TH ST.
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651109873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

RICARDO MORALES

Street Address (P.O. Box Number is Not Acceptable)

8460 S.W. 12 ST.

City

MIAMI

FL

Zip Code

33144

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 **RICARDO MORALES - MANAGER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ricardo Morales

April 15-2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
 NAME **ERNESTO DUENAS, MARIO**
 STREET ADDRESS **8460 S.W. 12TH ST.**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **MGR** ☐ Delete
 NAME **MORALES, RICARDO**
 STREET ADDRESS **8460 S.W. 12TH ST.**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ricardo Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

April 2002

305 8568925

CR2E083 (9/01)