

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90842 001 ***750.00

DOCUMENT # L92110

1. Entity Name
ASPDIENT TECHNOLOGIES, INC.

Principal Place of Business
7255 CORPORATE CENTER DR
BAY A
MIAMI FL 33126
US

Mailing Address
7255 CORPORATE CENTER DR
BAY A
MIAMI FL 33126
US

2. Principal Place of Business
8390 NW 53 STREET

3. Mailing Address
8390 NW 53 STREET

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number **59-3022165**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDY, JOSEPH P
1200 BISCAYNE BLVD
SUITE 405
NORTH MIAMI FL 33181

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip 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 _____ (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, 2002 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 **P** ☐ Delete
 NAME **SILVA, ANTHONY X**
 STREET ADDRESS **7255 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **Co-CEO** ☐ Change ☒ Addition
 NAME **Steven Heistand A.**
 STREET ADDRESS **7255 Corporate Center Dr.**
 CITY-ST-ZIP **Miami FL 33126**

TITLE **V** ☒ Delete
 NAME **SANTIAGO, MARIO M**
 STREET ADDRESS **7255 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **V** ☒ Delete
 NAME **AVILES, LUIS A**
 STREET ADDRESS **7255 CORPORATE CENTER DR**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Heistand

4/24/02

305-93-8800

Date Daytime Phone #

CR2E034 (9/01)