2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT# M15528

4860 N. 36TH COURT HOLLYWOOD FL 33021

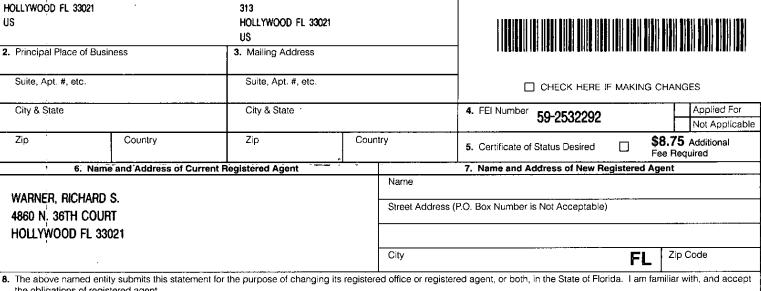
SIGNATURE

the obligations of registered agent.

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

1. Entity Name AMERICAN	SPECIALTIES, INC.		The state of the s	03-06-2003
Principal Place of 4860 N 36TH CT		Mailing Address 3389 SHERIDAN		
HOLLYWOOD FL	33021	313 HOLLYWOOD FL US	. 33021	
2. Principal Place of Business		3. Mailing Addre	SS	I I BRIBBII I DRI II KOLI OMOL BIRKE II I
Suite, Apt. #, etc.		Suite, Apt. #, e	etc.	☐ CHECK HERE
City & State		City & State		4. FEI Number 59-2532292
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				7. Name and Address of New F
WARNER, RIC	CHADD &		Nar	me
MANNEN, NK	UNIARU S.		<u> </u>	at Address (DA De Novembre de Alex Assessable

FILED Mar 06, 2003 8:00 am Secretary of State



DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			·	Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
10. OFFICERS AND DIRECTORS		11,	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARNER, RICHARD S. 3389 SHERIDAN ST #313 HOLLYWOOD FL 33021	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOMASO, MICHAEL A. 3389 SHERIDAN ST #313 HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNER, NANCY 3389 SHERIDAN ST #313 HOLLYWOOD FL 33021	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition

City

(NOTE: Registered Agent signature required when reinstating)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP-

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

☐ Delete

Change

■ Addition