2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

Mailing Address

15952 SW 11 ST

3. Mailing Address

SKINATURE AND TYPED OR PRINTED NAME OF SQUING OFFICER OR DIRECTOR

Suite, Apt. #, etc.

PEMBROKE PINES FL 33027

M25312 **DOCUMENT#**

1. Entity Name

Principal Place of Business

PEMBROKE PINES FL 33027

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

15952 SW 11 ST

ACADEMIC SPEAKERS OF AMERICA, INC.

City & State			City	City & State			4. FEI Number 59-2617360				oplied For of Applicable
Zip	Country		Zip	Coun		try	5. C	ertificate of Status De	sired 🔲	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
	O. INDING	and Addition of Co.				Name				ت	
ALTMAN, LINDA						Street Address (P.O. Box Number is Not Acceptable)					
15952 SW 11 ST											· · · · · ·
PEMBROKE PINES FL 33027										- Taylar	
•						City			F	L Zip Cod	e
·			As face the name	aco of changing its	register	d office or regist	ered age	ent, or both, in the Stat	e of Florida. I au	n familiar with,	and accept
the above the obligation	named enti ions of regis	trered agent.	ent for the borb	DSG OF CHANDING IO	Togistor	,			1/16/0	T	
SIGNATURE -			/ 6						TATE		 -
91411111414	Signature, types	d or presided name of registered	t agent and title if app	licable. (NOΠ	E. Registere	d Agent signature requir	ed when re	nstavig)		· ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Con	tribution.	Added	00 May Be d to Fees
10.			AND DIRECTO	RS	11.		ADI	DITIONS/CHANGES	O OFFICERS A	ND DIRECTOR	IS IN 11 .
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NAME,	ALTMAN.	LINDA			NAN	E					ļ
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12. I hereby of indicated of the co-changed	certify that if d on this rep progration or I, or on an a	the information supplicant or supplemental retiremental retiremental retiremental retirement with arrangement with a research with	ed with this filing eport is true and e epopowered to kess, Willial of	does not qualify for accurate and that exacute this report ther like empowered	or the ex my signa t as requ	emption stated in ature shall have the ired by Chapter (Section ne same 507, Flori	119.07(3)(i), Florida Si legal effect as if made da Statutes; and that i	atutes. I further under oath; tha my name appea	certify that the till am an office rs in Block 10 c	information or or director or Block 11 if

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90172 033 ***150.00

Applied For

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☐ CHECK HERE IF MAKING CHANGES