2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59989 1. Entity Name

ASTRO INSTRUMENTS SERVICE CORP.

Principal Place of Business C/O CARLOS COLOMA

Mailing Address

C/O CARLOS COLOMA

FILED May 14, 2001 8:00 am Secretary of State

05-14-2001 90271 026 ***150.00

2. Principal Place of Business Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. City & State Country Applied For Not Appli	101 WESTWARD DR. SUITE 10 MIAMI SPRINGS FL 33166			101 WESTWARD DR. SUITE 10 MIAMI SPRINGS FL 33166					BIAKI BIBIK BIAKI BIB	KI OADIN IOTI
City & State City & State City & State City & State Country Country S. Certificate of Status Desired G. Name and Addreas of Current Registered Agent COLOMA, CARLOS 101 WESTWARD DR. SUITE 10 MIAMI SPRINGS FL 33166 City FL Zo Code City FL Zo Code Signal, or both, in the State of Foods. City FL Zo Code City City FL Zo Code City City FL Zo Code City City City City FL Zo Code City	2. Principal Place of Business			3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired S. 55. Additional Fee Regulard 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Registered Age	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE	
COLOMA, CARLOS 101 WESTWARD DR. SUITE 10 MAMM SPRINGS FL 33166 8. The above named entity submits this statement for the purpose of changing its registered agent office or registered agent, or both, in the State of Florida. SIGNATURE SUITE 10 Tut. Home and Address of New Registered Agent Name Cray FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Tut. Home and Address of New Registered Agent Name Cray FL Zip Code Atter MAY 1, 2001 Fee will be Statement and the propose of changing its registered agent, or both, in the State of Florida. SIGNATURE Tut. Home and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) Tut. Floridate of Florida. SIGNATURE Tut. Home and Address of New Registered Agent Address of New Registered Agent Name SIGNATURE Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name Tut. Home and Address of New Registered Agent Name N	City & Stat	e		City & State		<u></u>	4. f	FEI Number 65-0006511		
COLOMA, CARLOS 101 MESTWARD DR. SUITE 10 MIAMI SPRINGS FL 33166 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 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 11. TITLE NAME STRET ADDRESS OTY 51-2P TITLE OTY 51-2P TITLE NAME STRET ADDRESS OTY 51-2P TITLE	Zip Country			Zip Country		try	5. (5 Certificate of Status Desired \$8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable) City FL Ziro Code City FL Ziro Code Street Address (P.O. Box Number is Not Acceptable) Full Title Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Ziro Code FL Ziro Code City FL Ziro Code FL Ziro Code ATTAIN The Street of Plorida. Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) FL Ziro Code ATTAIN The Number is Not Acceptable) The Number is Not Acceptable in The Number is N	6. Name and Address of Current Registered Agent						7. N	Name and Address of New Registere	d Agent	
SIGNATURE Signature, Speed critical properties at the statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosise. NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosise. NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosise. NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosise. NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosis. In the Control of State of Florida. SIGNATURE Signature, Speed or presonance of inguinered agent and toel argitosis. OPTICE Signature, Speed or presonance of inguinered agent and toel argitosis. In the Control of State of Florida. Signature, Speed or presonance of inguinered agent and toel argitosis. OPTICE Signature, Speed or presonance of inguinered agent and toel argitosis. In the Control of State of S						Name .				
SIGNATURE Signature, speed or present terries of registered of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present terries of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or present depends of the speed agent, or both, in the State of Florida. SIGNATURE Signature, speed or present depends of the speed agent, or both, in the State of Florida. SIGNATURE Signature, speed or present depends of the speed agent, or both, in the State of Florida. SIGNATURE Signature, speed or present depends of the speed agent, or both, in the State of State o	COLOMA, CARLOS									
### August SPRINGS FL 33166 City FL Zip Code				Street Address		iress (P.O. E	s (P.O. Box Number is Not Acceptable)			
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, spread or present name of registered approache to be facilities of a spread name of registered approache to be facilities of a spread name of registered approache to be facilities of a spread name of registered approache name of registered in the special approache name of registered name of registered in the special approache name of registered name of	SUIT	E 10								
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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 16. STREET ALORESS 17. ST. 2P 17. OFFICERS AND DIRECTORS IN 11 TITLE 17. DEVELOPMENT IN 11 TITLE 17. OFFICERS AND DIRECTORS IN 11 TITLE 17. OFFICERS AND DIRECTORS IN 11 TITLE 17. OFFICERS AND									- 1= 0.4	
SIGNATURE 9. This corporation is eligible to satisfy its intangible— Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT						City		F	L Zip Code	е
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Active MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fee Ad	SIGNATURE									
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Change Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD		Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	:: Registered	d Agent signature	required when re	einstating) DAT	E	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	Tax filing requirement and elects to do so. After MAY 1, 2001					will be \$550	0.00		\$5.0 Addec	May Be
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	11. OFFICERS AND DIRECTORS 12.					<u></u> -	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
STREET ADDRESS CITY-ST-2P HIALEAH FL STD Delete TITLE STD STRET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP	TITLE	PD			TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-2P HIALEAH FL STD Delete TITLE STD STRET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP	NAME	COLOMA,	CARLOS		NAMI	:				[]
TITLE STD COLOMA, RUTH STREET ADDRESS CITY-ST-ZIP HIALEAH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					I .				13
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP HIALEAH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				Change	☐ Addition (
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,								}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		HIALEAH	FL			——— -				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				L] Delete				-	Change	L.J. Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						- 1				1
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP			····	□ Dolata		 +			Change	[] Addition
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Belete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP				LJ Detete		I .			Change	C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP						I .				
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY-	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME				NAME	:			-	
TITLE TITLE TITLE TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Change Addition Addition	1	ı				- 1				}
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP	i i									1
										}
		A15 N								

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 receive of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 395887

SIGNATURE:

Daytime Phone #