

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000002590**

1. Entity Name

ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSI

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 041 ****61.25

| | |
|---|--|
| Principal Place of Business 12015 GRIFFING BLVD. SUITE 2950 BISCAYNE PARK FL 33161 US | Mailing Address 12015 GRIFFING BLD. STE 8 BISCAYNE PARK FL 33161-6246 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 65-0417695 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

SMITH, CHARLES I
12015 GRIFFING BLVD.
BISCAYNE PARK FL 33161

7. Name and Address of New Registered Agent

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 _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MORAN, FRANK |
| STREET ADDRESS | 19466 NW 24 PLACE |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GUISTI, GEORGE |
| STREET ADDRESS | 777 BRICKELL AVE., STE. 610 |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SMITH, CHALRES J |
| STREET ADDRESS | 12015 GRIFFING BLVD |
| CITY-ST-ZIP | BISCAYNE PARK FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | OHANESIAN, PAUL |
| STREET ADDRESS | 4525 COLLINS AVE |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PAYNE, DAVID |
| STREET ADDRESS | 9335 LAKE SERENA DRIVE |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 617, 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.

SIGNATURE: FRANK MORAN **REQUIRED** 4-17-2000 305-274 0226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)