

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90497 046 ****61.25

DOCUMENT # N93000002590

1. Entity Name

ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

12015 GRIFFING BLVD.
 SUITE 2950
 BISCAYNE PARK FL 33161
 US

12015 GRIFFING BLD.
 STE 8
 BISCAYNE PARK FL 33161
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0417695

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D MORAN, FRANK**
 STREET ADDRESS **19466 NW 24 PLACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GUISTI, GEORGE**
 STREET ADDRESS **777 BRICKELL AVE., STE. 610**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SMITH, CHARLES J**
 STREET ADDRESS **12015 GRIFFING BLVD**
 CITY-ST-ZIP **BISCAYNE PARK FL**

TITLE Change Addition
 NAME **SMITH, CHARLES I.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D OHANESIAN, PAUL**
 STREET ADDRESS **4525 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PAYNE, DAVID**
 STREET ADDRESS **9335 LAKE SERENA DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HICKEY, MAUREEN D**
 STREET ADDRESS **4940 SW 87TH CT**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change 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: *Maureen D. Hickey, Director*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 305-274-0226
 Date Daytime Phone #

CR2E037 (9/01)