

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 009 ****61.25

000921

DOCUMENT # N93000002590

1. Entity Name
ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSIONALS, INC.



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
US**

2. Principal Place of Business
4940 SW 87 Court

3. Mailing Address
4940 SW 87 Court

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33165

Country
USA

Zip
33165

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SMITH, CHARLES I
12015 GRIFFING BLVD.
BISCAYNE PARK FL 33161**

4. FEI Number **65-0417695**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Maureen D. Hickey

Street Address (P.O. Box Number is Not Acceptable)
4940 SW 87 Court

City
Miami

State
FL

Zip Code
33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Maureen D. Hickey* (NOTE: Registered Agent signature required when reinstating)

DATE: **8-25-03**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida 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 checked="" type="checkbox"/> Delete
NAME	GUISTI, GEORGE	
STREET ADDRESS	777 BRICKELL AVE., STE. 610	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CHARLES I	
STREET ADDRESS	12015 GRIFFING BLVD	
CITY-ST-ZIP	BISCAYNE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OHANESIAN, PAUL	
STREET ADDRESS	4525 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, DAVID	
STREET ADDRESS	9335 LAKE SERENA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKEY, MAUREEN D	
STREET ADDRESS	4940 SW 87TH CT	
CITY-ST-ZIP	MIAMI FL 33165	

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	1 Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Sullivan	
STREET ADDRESS	1030 NW 111 Ave.	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	2 Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernie Ferron	
STREET ADDRESS	2851 NE 183 St., #1611E	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Hantzinger	
STREET ADDRESS	1201 NW Le Jeune Rd	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen D. Hickey	
STREET ADDRESS	4940 SW 87 Ct.	
CITY-ST-ZIP	Miami, FL 33165	

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* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **8-25-03**

DAYTIME PHONE #: **305-274-0226**

CR2E037 (4/03)