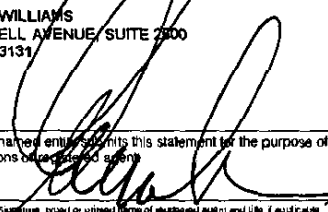
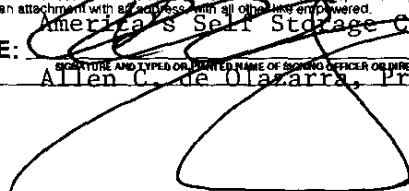


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000008002			
1. Entity Name AMERICA'S SELF STORAGE CORP.			
Principal Place of Business 444 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0977714		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent HUNTON & WILLIAMS 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Stuart K. Hoffman, Esq. Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Avenue, Suite 2500 City Miami FL Zip Code 33131	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent's signature required when registering.)	
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 Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE OLAZARRA, ALLEN C 444 BRICKELL AVE., STE. 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST de Olazarra, Allen C. ☒ Change ☐ Addition 444 Brickell Avenue, Suite 900 Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 supplement 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address with all other info empowered.			
SIGNATURE:  IDENTIFY AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Allen C. de Olazarra, President		Date Daytime Phone #	

11034038



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)