

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90468 018 \*\*\*150.00

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**DOCUMENT # P00000016467**

1. Entity Name  
**A & S WORLDWIDE SERVICE, INC.**



Principal Place of Business  
**9260 SUNSET DRIVE -  
SUITE 119  
MIAMI FL 33173**

Mailing Address  
**9260 SUNSET DRIVE  
SUITE 119  
MIAMI FL 33173**



2. Principal Place of Business

3. Mailing Address

**18064 105th Ave S.**

**18064 105th Ave S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON FL**

4. FEI Number  
**65-0995013**

Applied For  
☐ Not Applicable

Zip  
**33498**

Country  
**USA**

Zip  
**33498**

Country  
**USA**

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

**GROSS, SOLOMON ESQ/  
9260 SUNSET DRIVE  
SUITE 119  
MIAMI FL 33173**

Name **GROSS, SOLOMON ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**9211 SUNSET DRIVE Suite 104**  
City **Miami** FL Zip Code **33173**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D HORN, SHEILA L** ☐ Delete  
STREET ADDRESS  
**19064 105TH AVENUE SOUTH**  
CITY-ST-ZIP  
**BOCA RATON FL 33498**

TITLE  
NAME **HORN SHEILA L** ☒ Change ☐ Addition  
STREET ADDRESS  
**18064 105th Avenue South**  
CITY-ST-ZIP  
**BOCA RATON FL 33498**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 607, 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:

**SHEILA L HORN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03**

Date

**561-479-4244**

Daytime Phone #

CR2E034 (10/02)