

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**  
 03-28-2001 90186 017 \*\*\*150.00

0409641

**DOCUMENT # P00000020134**

1. Entity Name  
**ASEISA, INC.**

Principal Place of Business <b>4223 PATTY WAY          SARASOTA FL 34232</b>	Mailing Address <b>4223 PATTY WAY          SARASOTA FL 34232</b>
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2. Principal Place of Business <b>10906 Water Lily Way</b>	3. Mailing Address <b>10906 WATER Lily Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>BRADENTON, FL</b>	City & State <b>BRADENTON, FL</b>	4. FEI Number <b>65-0986859</b>	Applied For <input type="checkbox"/>
Zip <b>34202</b>	Country <b>U.S.A.</b>	Zip <b>34202</b>	Country <b>U.S.A.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**VILAR, PATRICK  
 3191 CORAL WAY  
 SUITE 800  
 MIAMI FL 33145**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ARBELAEZ, HERMAN</b>	
STREET ADDRESS <b>4223 PATTY WAY 10906 WATER Lily Way</b>	
CITY-ST-ZIP <b>SARASOTA-FL BRADENTON, FL 34202</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>ARBELAEZ, INES</b>	
STREET ADDRESS <b>4223 PATTY WAY 10906 WATER Lily Way</b>	
CITY-ST-ZIP <b>SARASOTA-FL BRADENTON, FL 34202</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **HERMAN ARBELAEZ** **3/28/01** **941-907-7398**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)