

# 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

**4223 PATTY WAY  
 SARASOTA FL 34232**

Mailing Address

**4223 PATTY WAY  
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

**10906 Water Lily Way**

**10906 Water Lily Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BRADENTON, FL**

City & State

**BRADENTON, FL**

4. FEI Number

**65-0986859**

Applied For

Not Applicable

Zip

**34202**

Country

**U.S.A.**

Zip

**34202**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**PD** **HERNAN** ☐ Delete  
**ARBELAEZ, HERMAN**  
**4223 PATTY WAY 10906 Water Lily Way**  
**SARASOTA FL BRADENTON, FL 34202**

**VD** ☐ Delete  
**ARBELAEZ, INES**  
**4223 PATTY WAY 10906 Water Lily Way**  
**SARASOTA FL BRADENTON, FL 34202**

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition  
 TITLE  
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HERNAN ARBELAEZ**

**3/28/01**

Date

**941-907-7398**

Daytime Phone #

CR2E034 (10/00)