

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91880 037 ***150.00



DOCUMENT # P00000075408

1. Entity Name
AMERICAN SUPPLIES INTERNATIONAL CORP.

Principal Place of Business
7220 NW 36TH ST.
STE 215
MIAMI FL 33166

Mailing Address
7220 NW 36TH ST.
STE 215
MIAMI FL 33166



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4750 NW 102 AVE

3. Mailing Address
4750 NW 102 AVE

Suite, Apt. #, etc.
APT. # 201

Suite, Apt. #, etc.
APT. # 201

City & State
MIAMI, FL 33178

City & State
MIAMI, FLORIDA

4. FEI Number 65-1030648

Applied For
Not Applicable

Zip Country
33178 USA

Zip Country
33178 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

MARTINS, MARCIO
5805 BLUE LAGOON DRIVE
440
MIAMI FL 33126

Name
MARTINS, MARCIO
Street Address (P.O. Box Number is Not Acceptable)
4750 NW 102 AVE APT. 201
City MIAMI FL FL Zip Code 33178

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

MARCIO MARTINS

4/29/03

(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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARTINS, MARCIO 1998 S.W. 175TH AVENUE MIRAMAR FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MARTINS, ADRIANA 1998 S.W. 175TH AVENUE MIRAMAR FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4750 NW 102 AVE APT. 201 MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (305) 994-7550

Date

Daytime Phone #

CR2E034 (10/02)