

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0023294
AV

DOCUMENT # P00000093218

1. Entity Name
ASPFREEDOM, INC.



FILED

03 JUL -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
16969 NW 67 AVE
STE 201
MIAMI FL 33015
US

Mailing Address
16969 NW 67 AVE
STE 201
MIAMI FL 33015
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0534824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WURTENBERG, KENNETH CPA
16969 NW 67 AVE
STE 201
MIAMI FL 33015

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 SD
PODGOROWIEZ, ROBERT S
STREET ADDRESS 16969 NW 67 AVE
CITY-ST-ZIP MIAMI FL 33015 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
800021465308
07/10/03--01064--033 **150.00 ☐ Change ☐ Addition

TITLE NAME PTD
WURTENBERG, KENNETH
STREET ADDRESS 16969 NW 67 AVE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE NAME V
RODRIGUEZ, MINERVINO JR
STREET ADDRESS 16969 NW 67 AVE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

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

TITLE NAME V
SOLIMINE, CHRIS
STREET ADDRESS 16969 NW 67 AVE
CITY-ST-ZIP MIAMI FL 33015 ☒ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Page 202

ASPFREEDOM

July 2, 2003

Via Certified Mail – Return Receipt Requested

State of Florida
Secretary of State
Attn: Representative Tyrone Scott
409 East Gaines Street
Tallahassee, FL 32399

Re: Document Number: P00000093218
Entity Name: ASPFreedom, Inc.

Dear Representative Tyrone Scott:

Enclosed please find check number 1017 in the amount of \$150.00 along with Uniform Business Report ("UBR") for year 2003.

- We ask that you kindly reinstate the above referenced entity without penalties and update your records to show we are current in our filing as we did not received the original Uniform Business Report (UBR).

Should you have any questions or require any further information, please do not hesitate to contact me.

Sincerely,



Kenneth Wertenberg, CPA
Certified Public Accountant

KW/nm
Enclosures

16969 Northwest 67th Avenue, Suite #201, Miami, FL 33015
Dade : 305-556-0171 Broward: 954-771-6004 Fax: 305-556-4929 E-mail:kwcpa@att.net