

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 020 000 68179

1. Entity Name

A.S. ORTHOTICS SERVICES INC.



FILED

03 MAY -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7370 NW 36th St. # 415L
Miami, Fl. 33166

Mailing Address

1800 W 49 ST. STE 121
HIALEAH FL 33012

c/o Lopez Accounting

2. Principal Place of Business

7370 NW 36th St.
Suite, Apt. #, etc.
415L

3. Mailing Address

1800 W. 49 St.
Suite, Apt. #, etc.
#121

City & State

Miami FL.

City & State

Hialeah, FL.

4. FEI Number

04-3696664

Applied For

Not Applicable

Zip

33166

Country

Miami Dade

Zip

33012

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARIEL SOCA
1455 NW 14th St.
Miami, Fl. 33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-03

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

TITLE PD
NAME ariel soca
STREET ADDRESS 1455 NW 14th St.
CITY-ST-ZIP Miami, Fl. 33125

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

3-14-03 305-183-8301