

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90270 049 ***150.00

DOCUMENT # P00000107713

1. Entity Name
ASC MIAMI, CORP.

Principal Place of Business C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 S DIXIE HWY. PH2 MIAMI FL 33156	Mailing Address C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 S DIXIE HWY. PH2 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10862 NW 27 STREET	3. Mailing Address 10862 NW 27 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1056887	Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country U.S.A.	Zip 33172	Country U.S.A.

6. Name and Address of Current Registered Agent ROTH, LEONARD A ESQ C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 S DIXIE HWY, PH2 MIAMI FL 33156	7. Name and Address of New Registered Agent Name TORRES, MARIA DEL PILAR Street Address (P.O. Box Number is Not Acceptable) 10862 NW 27 Street City Miami FL 33172
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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 Maria del Pilar Torres **TORRES, MARIA DEL PILAR** **4-30-01**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TORRES VICTOIA, MARIA DELPILAR <input type="checkbox"/> Delete CARRERA 45, #1 A 15 CALI, COLOMBIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TORRES VICTORIA, MARIA DEL PILAR 341 W. PARK DRIVE 204 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete SALAZAR, JOSE DAVID CARRERA 45, #1 A 15 CALI, COLOMBIA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SALAZAR JOSE DAVID 341 W. PARK DRIVE 204 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maria del Pilar Torres **MARIA DEL PILAR** **4-30-01** **305-468-9971**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (D, P, T) Date Daytime Phone #

CR2E034 (10/00)