

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90485 028 \*\*\*150.00

**DOCUMENT # P00000107713**  
 1. Entity Name  
**ASC MIAMI, CORP.**

Principal Place of Business Mailing Address  
**10862 NW 27TH ST 10862 NW 27TH ST**  
**MIAMI FL 33172 MIAMI FL 33172**

2. Principal Place of Business 3. Mailing Address  
**9949 NW 89 AVE. 9949 N.W 89 AVE.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Bay # 5 Bay # 5**

City & State City & State  
**Medley, Florida Medley, Florida**

Zip Country Zip Country  
**33178 USA 33178 USA**

4. FEI Number **65-1056887** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PILAR TORRES, MARIA DEL**  
**10862 NW 27TH ST**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent  
 Name **Mariadel Pilar Torres**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9949 N.W. 89 AVE.**  
**Bay # 5**  
 City **Medley** 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.  
 SIGNATURE *Maria del Pilar Torres* DATE **04/24/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT TORRES VICTOIA, MARIA DELPILAR 341 W. PARK DR #204 MIAMI FL 33172</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS SALAZAR, JOSE DAVID 341 W. PARK DR #204 MIAMI FL 33172</b> <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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

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* DATE: **04/24/02** (305) 8630663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

Attachment  
Document #  
P00000107713  

---

869373

May 27, 2002

ASC MIAMI, CORP.  
9949 N.W. 89 AVENUE  
BAY #5  
MEDLEY, FL 33178

Subject: ASC MIAMI, CORP.

Reference Number: P00000107713

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA  
ANNUAL REPORTS SECTION