

2001 UNIFORM BUSINESS REPORT (UBR)

02-21-2001 90198 049 ***150.00
P00000114672

DOCUMENT # PO 0000 114672

1. Entity Name

American Speech Associates Inc

FILED

01 MAR 12 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10170 Ramblewood Dr
Coral Springs FL 33071

Mailing Address

10170 Ramblewood Dr
Coral Springs, FL 33071

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

65-1063061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARC MITNICK

10170 Ramblewood Drive
Coral Springs, FL 33071-6565

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.

SIGNATURE

Marc Mitnick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

\$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: PRESIDENT
NAME: MARC MITNICK
STREET ADDRESS: 10170 Ramblewood Dr
CITY-ST-ZIP: Coral Springs, FL 33071

☐ Delete

TITLE: SECRETARY
NAME: ZELDA MITNICK
STREET ADDRESS: 10170 Ramblewood Dr
CITY-ST-ZIP: Coral Springs, FL 33071

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CITY-ST-ZIP:

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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:

Marc Mitnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

954-461-4880

Day

Daytime Phone #

CR2E034 (11/00)