## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State DOCUMENT # P01000002863 1. Entity Name ASB GROUP SERVICES, INC. 03-06-2002 90062 043 \*\*\*150.00 Mailing Address Principal Place of Business 2301 COLLINS AVE STE NO M-126 2301 COLLINS AVE STE NO M-126 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 4032 S.W. 14032 S.W. 38th Terr 38th Terr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1067551 Not Applicable Miami, Miami, 33175 Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33175 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRO, JOSE L Street Address (P.O. Box Number is Not Acceptable) 2301 COLLINS AVE STE NO M-126 14032 S.W. 38th Terr MIAMI BEACH FL 33139 City Miami, Zip Code 33175 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, 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 . FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. AL. CR2E034 (9/01) Addition TITLE DP Delete TITLE ★ Change MIRO, JOSE L NAME NAME 2301 COLLINS AVE STE NO M-126 STREET ADDRESS 14032 S.W. 38th Terr. STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE □ Delete NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Jose L. MiRi

**FILED**