

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90086 048 \*\*\*150.00

**DOCUMENT # P01000025240**

1. Entity Name  
**ACUMEN ASSOCIATES, INC.**



Principal Place of Business  
**11615 SW 112TH AVENUE  
MIAMI FL 33176**

Mailing Address  
**11615 SW 112TH AVENUE  
MIAMI FL 33176**

2. Principal Place of Business  
**10700 NW 66 street**  
Suite, Apt. #, etc.  
**Suite 101**

3. Mailing Address  
**10700 NW 66 street**  
Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip **33178** Country **U.S.A.**

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1092491**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SOHN, GREGORY P**  
**2037 NW 183RD CIRCLE**  
**PEMBROKE PINES FL 33029**

## 7. Name and Address of New Registered Agent

Name **Marvin Sampson**

Street Address (P.O. Box Number is Not Acceptable)

**10700 NW 66 street # 101**

City **Miami**

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

SIGNATURE *Marvin Sampson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SAMPSON, MARVIN**  
STREET ADDRESS **11615 SW 112TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☐ Addition  
NAME **Marvin Sampson**  
STREET ADDRESS **10700 NW 66 street # 101**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: *Marvin Sampson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03** **786-331-**  
**7893**

Date

Daytime Phone #

CR2E034 (10/02)