

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90673 014 \*\*\*150.00

**DOCUMENT # P01000044682**



1. Entity Name  
**A.S.P. GROUP INVESTMENTS, INC.**

Principal Place of Business  
**2100 NW 99 AVENUE  
MIAMI FL 33172**

Mailing Address  
**2100 NW 99 AVENUE  
MIAMI FL 33172**

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 **65-1107882**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PARKER, CLAYTON E  
% KIRKPATRICK & LOCKHART LLP  
201 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **VPD** ☐ Delete  
NAME **PEREZ, JOSEPH**  
STREET ADDRESS **2100 NW 99TH AVE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **PEREZ, JOSEPH**  
STREET ADDRESS **2685 HACKNEY RD**  
CITY-ST-ZIP **WESTON, FL 33330**

TITLE **SD** ☐ Delete  
NAME **CARABALLO, SILVIA**  
STREET ADDRESS **2100 NW 99 AVE.**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD** ☒ Change ☐ Addition  
NAME **CARABALLO, SILVIA**  
STREET ADDRESS **15201 Mentith Place**  
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE **PD** ☐ Delete  
NAME **PEREZ, DAVID A**  
STREET ADDRESS **2100 NW 99TH AVE**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PD** ☒ Change ☐ Addition  
NAME **PEREZ, DAVID**  
STREET ADDRESS **9805 SW 125th AVE**  
CITY-ST-ZIP **MIAMI, FL 33186**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** DAVID A. PEREZ **3-13-03 (305) 5936958**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)