

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90130 033 ***150.00

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DOCUMENT # P01000059992

1. Entity Name
ASEPRO SERVICES CORP.



Principal Place of Business
**976 NE 90 ST #1487
MIAMI FL 33138**

Mailing Address
**976 NE 90 ST #1487
MIAMI FL 33138**

2. Principal Place of Business
9858 Glades Rd.

3. Mailing Address
9858 Glades Rd.

Suite, Apt. #, etc.
131

Suite, Apt. #, etc.
131

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip Country
33434 USA

Zip Country
33434 USA

4. FEI Number **65-1133066**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOIX, PABLO J
18428 VIA SORRENTO
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name **(same)**
Street Address (P.O. Box Number is Not Acceptable)
9417 Richmond Cir.
City **Boca Raton** **FL** Zip Code **33434**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOIX, PABLO J 976 NE 90 ST #1487 MIAMI FL 33138	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

(561) 482-1131
Daytime Phone #

CR2E034 (10/02)