

## 20 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100032

FILED

1. Entity Name  
AMERICAN STORAGE FACILITIES, INC.

02 DEC 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Principal Place of Business

1782 OPECHEE DRIVE  
MIAMI FL 33133

## Mailing Address

1782 OPECHEE DRIVE  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

1320 S. Dixie Hwy.

## 3. Mailing Address

1320 S. Dixie Hwy.

Suite, Apt. #, etc.

Suite 1060

Suite, Apt. #, etc.

Suite 1060

City &amp; State

Coral Gables, FL

City &amp; State

Coral Gables, FL

4. FEI Number

55-0796208

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MOYA, ELIZABETH M  
1320 SOUTH DIXIE HWY  
SUITE 1060  
CORAL GABLES FL 33146

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAKRAN, ADAM N	11800 SW 68 CT
STREET ADDRESS	1782 OPECHEE DRIVE	Miami, FL 33156
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYA, ELIZABETH M	11800 SW 68 CT
STREET ADDRESS	1782 OPECHEE DRIVE	Miami, FL 33156
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adam N. Sakran	
STREET ADDRESS	11800 S.W. 68th Court	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth M. Moya	
STREET ADDRESS	11800 S.W. 68th Court	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

10/14/02 305-666-3002

12/17/02

305-666-

3002

12/31

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 21, 2002

AMERICAN STORAGE FACILITIES, INC.  
1320 S.DIXIE HWY.  
SUITE 1060  
CORAL GABLES, FL 33146

SUBJECT: AMERICAN STORAGE FACILITIES, INC.  
Ref. Number: P01000100032

We have received your document for AMERICAN STORAGE FACILITIES, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2002 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2002 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$550.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

Please be advised that we are unable to honor your request for waiver, or reduction, of the late fees, or penalties. The corporation failed to respond by the due date, as a result, the corporation has been administratively dissolved or revoked. You will need to reinstate the corporation and pay all applicable fees.

There is a balance due of \$400.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams