


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90132 035 \*\*\*150.00

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<b>DOCUMENT # P02000012585</b>					
1. Entity Name <b>ALTERNATIVE SHIPPING AND PURCHASING, INC.</b>					
Principal Place of Business <b>11770 ST ANDREWS PL #308 WELLINGTON FL 33414-7080</b>			Mailing Address <b>11770 ST ANDREWS PL #308 WELLINGTON FL 33414-7080</b>		
2. Principal Place of Business <b>11496 PIERSON RD. SUITE C-13 WELLINGTON, FL</b>			3. Mailing Address <b>11496 PIERSON RD. SUITE C-13 WELLINGTON, FL</b>		
4. FEI Number <b>043600086</b>			<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>DADRESSAN, SOHAIL 11770 ST ANDREWS PL #308 WELLINGTON FL 33414-7080</b>			7. Name and Address of New Registered Agent <b>3732 MIRAMONTES CIR. WELLINGTON, FL 33414-8826</b>		
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: <u><b>SOHAIL DADRESSAN</b></u> DATE: <u><b>1/31/03</b></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DADRESSAN, SOHAIL 11770 ST ANDREWS PL #308 WELLINGTON FL 33414-7080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3732 MIRAMONTES CIR. WELLINGTON, FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DADRESSAN, GUITA 11770 ST. ANDREWS PLACE, #308 WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3732 MIRAMONTES CIR. WELLINGTON, FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><b>SOHAIL DADRESSAN</b></u> DATE: <u><b>1/31/03</b></u> DAYTIME PHONE: <u><b>561-333-8033</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/02)