

APR. -22' 03 (TUE) 14:31

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90259 035 ***150.00

DOCUMENT # P02000129935	
1. Entity Name ADVANCED SAFETY RESOURCES, INC.	

Principal Place of Business C/O 1390 BRICKELL AVE. STE 200 MIAMI FL 33131	Mailing Address C/O 1390 BRICKELL AVE. STE 200 MIAMI FL 33131
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2. Principal Place of Business 8889 SW 131st.	3. Mailing Address 8889 SW 131st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, Florida	City & State MIAMI, FLORIDA
Zip 33176	Country USA
Zip 33176	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0901125	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTILLO, ALVARO B 1390 BRICKELL AVE STE 200 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$650.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BERRON, RUBEN STREET ADDRESS C/O 1390 BRICKELL AVE, STE 200 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE D NAME Ruben Berron STREET ADDRESS 8889 S.W. 131 Street CITY-ST-ZIP Miami, Florida 33176	☒ Change ☐ Addition
TITLE D NAME CASTILLO, LUIS A STREET ADDRESS C/O 1390 BRICKELL AVE, STE 200 CITY-ST-ZIP MIAMI FL 33131	☐ Delete	TITLE D NAME Luis A. Castillo STREET ADDRESS 8889 S.W. 131 Street CITY-ST-ZIP Miami, Florida 33176	☒ Change ☐ Addition
TITLE D NAME ROMO, SALVADOR STREET ADDRESS C/O 1390 BRICKELL AVE, STE 200 CITY-ST-ZIP MIAMI FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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

4/24/03

Date

(786) 242-1364

Daytime Phone #

FORM 1000-03-01