

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90006 038 ***150.00

DOCUMENT # P03000093122

1. Entity Name

ASC ADVANCE SETTLEMENT CORPORATION



Principal Place of Business

290 174 STREET
2305
SUNNY ISLES FL 33160
US

Mailing Address

290 174 STREET
2305
SUNNY ISLES FL 33160
US

2. Principal Place of Business

2303 Hollywood Blvd
Suite, Apt. #, etc.

3. Mailing Address

2303 Hollywood Blvd
Suite, Apt. #, etc.

City & State

Hollywood, FL 33020

City & State

Hollywood, FL

4. FEI Number

20-0176659

Applied For

Not Applicable

Zip

33020

Country

Broward

Zip

33020

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULEYMANOVA, ANGELA MS
290 174 STREET
2305
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name Stanley Reznik

Street Address (P.O. Box Number is Not Acceptable)

2303 Hollywood Blvd,

City Hollywood

FL

Zip Code

33020

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

(Stanley Reznik)

3.1.04.

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, 2004 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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	SULEYMANOVA, ANGELA MS	
STREET ADDRESS	290 174 STREET, 2305	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	OWNER	<input type="checkbox"/> Delete
NAME	Stanley Reznik	
STREET ADDRESS	2303 Hollywood Blvd	
CITY-ST-ZIP	Hollywood, FL 33020	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

(Stanley Reznik)

3.1.04 954-924-6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #