

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90193 018 \*\*\*158.75

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DOCUMENT # P94000008618

1. Entity Name

AMERICAN SALES AND MANAGEMENT ORGANIZATION CORPORATION



Principal Place of Business

242 NW 42 AVE  
MIAMI FL 33126

Mailing Address

242 NW 42 AVE  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

10 NW 42nd Ave

Suite, Apt. #, etc.  
7th Floor

Suite, Apt. #, etc.  
SAME

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Miami-Dade

Zip

33126

Country

USA

4. FEI Number

65-0459787

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEYER, JAMES M. ESQ.  
FIRST UNION FINANCIAL CENTER - STE. 2000  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
JAMES M. MEYER, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
101 BEICHELL AVENUE  
SUITE 1050  
City  
MIAMI  
FL  
Zip Code  
33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LORENZO, JOSE C 242 NW 42 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORENZO, ESTHER 242 NW 42 AVE MIAMI FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LORENZO, JOSE C. 10 NW 42 AVE, 7 Floor MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LORENZO, ESTHER 10 NW 42 AVE, 7 Floor MIAMI, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/03

Date

Daytime Phone #

305-351-8541

CR2E034 (10/02)