

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90203 048 \*\*\*150.00

**DOCUMENT # P94000092501**

1. Entity Name

**ADVANCED SOLUTIONS INTERNATIONAL, INC.**

Principal Place of Business

**4801 SW 186 AVE  
 FT LAUD. FL 33332  
 US**

Mailing Address

**612 AVALON LAKE ROAD  
 DANBURY CT 06810  
 US**

2. Principal Place of Business

**20455 SW 5th St**

Suite, Apt. #, etc.

3. Mailing Address

**425 Avalon Lake Rd**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, FL**

**33029**

Country

**USA**

City & State

**Danbury, CT**

Zip

**06810**

Country

**USA**

4. FEI Number

**65-0549990**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHETTINO, ALINA  
 4801 SW 186 AVE  
 FT LAUD. FL 33332**

7. Name and Address of New Registered Agent

Name **Alina Schettino**

Street **20455 SW 5th St**

City

**Pembroke Pines, FL**

State

**FL 33029**

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

**Alina Schettino**

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

(NOTE: Registered Agent signature required when reinstating)

**4/22/02**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
 NAME **SCHETTINO, ALINA**  
 STREET ADDRESS **4801 SW 186 AVE**  
 CITY-ST-ZIP **FT LAUD. FL 33332**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Schettino, Alina**  
 STREET ADDRESS **425 Avalon Lake Rd**  
 CITY-ST-ZIP **Danbury, CT 06810**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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)(l), 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:

**Alina Schettino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (203) 748-1616**

Date

Daytime Phone #

CR2E034 (9/01)