

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090248

1. Entity Name

Asphalt Research Technology, Inc.

Principal Place of Business

Mailing Address - SAME

4649 Ponce de Leon Blvd #303  
Miami, FL 33146

2. Principal Place of Business

4649 Ponce de Leon

3. Mailing Address

4649 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#303

#303

City & State

City & State

Miami, FL 33146

Miami, FL

Zip

Zip

Country

Country

33146

USA

33146

USA

6. Name and Address of Current Registered Agent

Mirkow & Wolff, PA  
1700 Palm Beach Lakes Blvd.  
W. Palm Beach, FL 33401

4. FEI Number

65-0637353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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          | DAG SEAGREN PD            | <input type="checkbox"/> Delete |
| NAME           | 90 Edgewater #527         |                                 |
| STREET ADDRESS | C. Gables, FL 33133       |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          | VD - LARS SEAGREN         | <input type="checkbox"/> Delete |
| NAME           | 90 Edgewater #527         |                                 |
| STREET ADDRESS | C. Gables, FL 33133       |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          | D - Charles Larsen        | <input type="checkbox"/> Delete |
| NAME           | 3890 Steve Reynolds Blvd. |                                 |
| STREET ADDRESS | W. Cross, Ga. 30093       |                                 |
| 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    |                           |                                 |

## 12. 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    |  |   |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

CR2E034 (9/99)

13. 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 11 or Block 12 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

Date

Daytime Phone #

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4/26/00

305 663 3090