

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000090248

FILED  
Mar 11, 2002 8:00 AM  
Secretary of State

Entity Name: ASPHALT RESEARCH TECHNOLOGY, INC.

## Current Principal Place of Business:

4649 PONCE DE LEON BLVD  
#303  
MIAMI, FL 33146 US

## Current Mailing Address:

4649 PONCE DE LEON BLVD  
#303  
MIAMI, FL 33146 US

FEI Number: 65-0637353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIRKIN, MARK H ESQ  
MIRKIN & WOOLF, PA  
1700 PALM BEACH LAKES BLVD  
W PALM BEACH, FL 33401 US

## New Principal Place of Business:

4649 PONCE DE LEON BLVD  
#400  
MIAMI, FL 33146 US

## New Mailing Address:

4649 PONCE DE LEON BLVD  
#400  
MIAMI, FL 33146 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEAGREN, DAG  
Address: 90 EDGEWATER 818  
City-St-Zip: CORAL GABLES, FL 33133

Title: VD ( ) Delete  
Name: SEAGREN, LARS  
Address: 90 EDGEWATER, 818  
City-St-Zip: CORAL GABLES, FL 33133

Title: D ( ) Delete  
Name: LARSEN, CHARLES E  
Address: 3890 STEVE REYNOLDS BLVD  
City-St-Zip: NORCROSS, GA 30093

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAG SEAGREN

PD

03/11/2002

Electronic Signature of Signing Officer or Director

Date