

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90171 002 \*\*\*150.00

**DOCUMENT # P95000097035**

1. Entity Name  
**SOUTH ATLANTIC TESTING SERVICES, INC.**

Principal Place of Business <b>4592 NORTH UNIVERSITY DRIVE          LAUDERHILL FL 33351          US</b>	Mailing Address <b>4590 N. UNIVERSITY DRIVE          LAUDERHILL FL 33351-4515          US</b>
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2. Principal Place of Business <b>4588 N. University Dr          Suite, Apt. #, etc.          Lauderhill, Fla 33351</b>	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **65-0636245** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SMITH, ANDREW W ESQ  
 165 EAST PALMETTO PARK  
 BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**  
 Name **Grafton N. Carlson, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1290 East Oakland Park Blvd.**  
**Suite 200**  
 City **Fort Lauderdale** **FL** Zip Code **33334-4443**

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 **GRAFTON N. CARLSON** DATE **4/24/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>VSD</b>	<input type="checkbox"/> Delete
NAME <b>FERRANTE, JOSEPH</b>	
STREET ADDRESS <b>4592 NORTH UNIVERSITY DRIVE</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33351</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SILVER, ROCHELLE</b>	
STREET ADDRESS <b>4592 NORTH UNIVERSITY DRIVE</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33351</b>	
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 checked="" type="checkbox"/> Addition
NAME <b>Nicholas Mirowsky</b>	
STREET ADDRESS <b>4588 n University Drive</b>	
CITY-ST-ZIP <b>Lauderhill, Florida 33351</b>	
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	

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: DATE: **4-24-2000** 954 572-4415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)