

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 4592 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351 US	Mailing Address 4590 N. UNIVERSITY DRIVE LAUDERHILL FL 33351-4515 US
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2. Principal Place of Business 4588 N. University Dr Suite, Apt. #, etc. Lauderhill, Fla 33351	3. Mailing Address Suite, Apt. #, etc. City & State
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country

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