

**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
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0636245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD FERRANTE, JOSEPH 4592 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SILVER, ROCHELLE 4592 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nicholas Mirowsky          4588 n University Drive          Lauderhill, Florida 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (9/99)