

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0179518 AV

**DOCUMENT # P95000097035**

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

01-31-2002 90017 003 \*\*\*150.00

Principal Place of Business  
**4588 N UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**  
**US**

Mailing Address  
**4590 N. UNIVERSITY DRIVE**  
**LAUDERHILL FL 33351**  
**US**

00014598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3300 University Drive**

3. Mailing Address  
**3300 University Drive**

Suite, Apt. #, etc.  
**903**

Suite, Apt. #, etc.  
**903**

City & State  
**Coral Springs, FL**

City & State  
**Coral Springs, FL**

Zip Country  
**33065 Broward**

Zip Country  
**33065 Broward**

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**

**7. Name and Address of New Registered Agent**

~~CARLSON, GRAFTON N.P.A.~~  
**1290 EAST OAKLAND PARK BLVD**  
**STE 200**  
**FORT LAUDERDALE FL 33334-4443**

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 \_\_\_\_\_ (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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVER, ROCHELLE</b> <b>4592 NORTH UNIVERSITY DRIVE</b> <b>LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIROWSKY, NICHOLAS</b> <b>4588 N UNIVERSITY DRIVE</b> <b>LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Rochelle Silver* **SIGNATURE RECORDED** 1-15-02 954 341-2525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)