

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

City & State
Coral Springs, FL

4. FEI Number **65-0636245**

Applied For
 Not Applicable

Zip Country
33065 Broward

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

6. Name and Address of Current Registered Agent
~~CARLSON, GRAFTON N.P.A.~~
1290 EAST OAKLAND PARK BLVD
STE 200
FORT LAUDERDALE FL 33334-4443

7. Name and Address of New Registered Agent

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)

Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, ROCHELLE	
STREET ADDRESS	4592 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIROWSKY, NICHOLAS	
STREET ADDRESS	4588 N 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 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		
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: *Rochelle Silver* 1-15-02 954 341-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)