

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90012 014 \*\*\*150.00

**DOCUMENT # P96000058403**

1. Entity Name

**ASEC GROUP, INC.**

Principal Place of Business

**5557 WEST OAKLAND BOULEVARD, SUITE 297  
 LAUDERHILL FL 33313**

Mailing Address

**5557 WEST OAKLAND BOULEVARD, SUITE 297  
 LAUDERHILL FL 33313**

2. Principal Place of Business

**4440 N.W. 73 Ave**

3. Mailing Address

**4440 NW 73 AV.**

Suite, Apt. #, etc.

**MUN 4286**

Suite, Apt. #, etc.

**MUN 4286**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0681703**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COLON, EMILIO  
 15917 NW 7 ST  
 PEMBROKE PINES FL 33028**

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

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

(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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CONTRERAS DUQUE, LUZ DEL VALLE	
STREET ADDRESS	5557 WEST OAKLAND BOULEVARD, SUITE 297	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALAZAR, ANGEL	
STREET ADDRESS	5557 WEST OAKLAND BOULEVARD, SUITE 297	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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	
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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**23/2/01**

Date

Daytime Phone #

CR2E034 (10/00)