

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065988

1. Entity Name

**ADVANCED SYSTEMS INTEGRATORS, INC.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90170 025 \*\*\*150.00

Principal Place of Business

Mailing Address

414 SE 11TH CT  
 FT LAUDERDALE FL 33316  
 US

414 SE 11TH CT  
 FT LAUDERDALE FL 33316-1144  
 US

104300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0687325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HENNEMAN, MATTHEW**  
**414 SE 11TH CT**  
**FT LAUDERDALE FL 33316**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. (See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALBERT, DAVID	
STREET ADDRESS	414 SE 11TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HENNEMAN, MATTHEW	
STREET ADDRESS	414 SE 11TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOLF, MICHAEL	
STREET ADDRESS	414 SE 11TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 597-2111  
 Daytime Phone #

CR2E034 (9/99)