

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90212 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80107437

DOCUMENT # P96000090162			
1. Entity Name ASSOCIATED COMPOSITE, INC.			
Principal Place of Business 7875 N.W. 64TH STREET MIAMI, FL 33166 US		Mailing Address 7875 N.W. 64TH STREET MIAMI, FL 33166 US	
2. Principal Place of Business		3. Mailing Address 3000 TAFT ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOLLYWOOD FL	
Zip	Country	Zip 33021 Country US	
4. FEI Number 65-0705168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MENDELSON, VICTOR 3000 TAFT STREET HOLLYWOOD, FL 33021		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE _____			
FILE NOW!! FEE IS \$150.00 After May 7, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MORELL, LUIS J <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7875 N.W. 64TH STREET	NAME	
STREET ADDRESS	MIAMI, FL 33166	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRWIN, THOMAS S	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LETENDRE, ELIZABETH R	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VETTER, JUDITH	NAME	
STREET ADDRESS	3000 TAFT STREET	STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD, FL 33021	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Thomas S. Irwin		Date: 4-25-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954 987 6101	

CH2E034 (10/02)