2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90106 046 ***150.00

DOCUMENT # P97000031080

1. Entity Name
AST ENTERPRISES, INC.

Principal Place of Business
2933 SW 22nd Circle 30-B
DELRAY Beach, FL. 33445

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2955 SW 22nd Avenue
Suite, Apt. #, etc.
#201
City & State
Delray Bch. FL.
Zip
33445
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
650772378
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Mark Sylvanovich
2955 SW 22nd Avenue #201
Delray Beach, FL. 33445

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Sylvanovich 2933 SW 22nd Circle 30-B Delray Bch. FL. 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Sylvanovich 2955 SW 22nd Avenue #201 DELRAY, Beach, FL. 33445	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ellis E. Anderson 3710 NE 27th Avenue Light House Point, FL. 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ M. Sylvanovich 5-2-00 561-276-7423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #