

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90054 019 \*\*\*150.00

051C 3

**DOCUMENT # P97000033994**

1. Entity Name  
**A AND S UNLIMITED, INC.**

Principal Place of Business <b>321 SE 15TH AVENUE          SUITE 1A          DEERFIELD BEACH FL 33441</b>	Mailing Address <b>P.O. BOX 1078          DEERFIELD BEACH FL 33443          US</b>
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**00049882**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>16375 NE 18th ST</b>	3. Mailing Address <b>PO Box 3246</b>
Suite, Apt. #, etc. <b>306</b>	Suite, Apt. #, etc.
City & State <b>N. Miami Beach</b>	City & State <b>Boynton Beach FL 33424</b>
Zip <b>33162</b>	Country <b>DADE</b>
Country <b>DADE</b>	Zip <b>33424</b>
Country <b>FL</b>	Country <b>FL</b>

4. FEI Number **65-0752953** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SEGAL, ARTHUR E  
 2037 SE 3RD STREET  
 SUITE 2  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**145 YA YACHT CLUB WAY #109**  
 City  
**Hypokaw FL** Zip Code  
**33462**

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 *Arthur Segal* DATE **4/27/07**  
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, 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>KATZ, MS. SINDEE E</b>	
STREET ADDRESS <b>321 SE 15TH AVE., SUITE 1A</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SEGAL, MR. ARTHUR E</b>	
STREET ADDRESS <b>644 NW 134 STREET #38</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33486</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>163 Meadows Dr</b>	
STREET ADDRESS <b>Boynton Beach FL 33431</b>	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>145 YACHT CLUB WAY #109</b>	
STREET ADDRESS <b>Hypokaw FL 33462</b>	
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: *Arthur Segal VP* DATE: **4/27/07** DAYTIME PHONE #: **561 433-2854**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)