


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

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

05-05-2003 91156 013 ***150.00

DOCUMENT # P97000033994
1. Entity Name
A&S Unlimited Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16375 NE 18th ave Ste 306 Suite, Apt. #, etc. North Miami Beach, Fl. 33162 City & State	3. Mailing Address po box 3246 Suite, Apt. #, etc. Boynton Beach FL, 33424 City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0752953	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name ARTHUR SEGAL	
Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18th Ave 306	
City N. Miami Beach FL	Zip Code 33162

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sindee Katz 16375 NE 18th Ave Ste 306 North Miami Beach, Fl 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Arthur Segal 16375 NE 18th Ave Ste 306 North Miami Beach Fl 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other duly empowered.

SIGNATURE: [Signature] **V.P.** Date: 4/28/03 Daytime Phone #: 561-933-2551

CR2E034B (12/02)