

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048647

1. Entity Name

ATLANTIC SOUTHERN PREVENTIVE SERVICES INC. ✓

Principal Place of Business

2301 COLLINS AVE. # 105-C  
MIAMI BEACH FL 33139

Mailing Address

2301 COLLINS AVE. # 105-C  
MIAMI BEACH FL 33139

2. Principal Place of Business

300 Biscayne Way

Suite, Apt. #, etc.

Suite # 618

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Address

300 Biscayne Way

Suite, Apt. #, etc.

Suite # 618

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90015 008 \*\*\*563.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816969

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LA PERUTA, FRANK

~~2301 COLLINS AVE. # 105-C~~

~~MIAMI BEACH FL 33139~~

300 Biscayne Way Suite # 618  
Miami, Florida 33131

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

*Frank LaPeruta*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-2000

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**

**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	P	<input checked="" type="checkbox"/> Delete
NAME	LAPERUTA, FRANK	
STREET ADDRESS	2301 COLLINS AVE. # 105-C	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK LaPeruta	
STREET ADDRESS	300 Biscayne Way Suite # 618	
CITY-ST-ZIP	Miami, Florida 33131	
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		
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:

*Frank LaPeruta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-2000

Date

305-374-0330

Daytime Phone #

CR2E034 (5/00)