

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90043 010 ***158.75

DOCUMENT # P97000048647

1. Entity Name
ATLANTIC SOUTHERN PREVENTIVE SERVICES INC.

Principal Place of Business

**300 BISCAYNE WAY
 SUITE #618
 MIAMI FL 33131
 US**

Mailing Address

**300 BISCAYNE WAY
 SUITE #618
 MIAMI FL 33131
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**300 Biscayne Blvd. Way
 Suite, Apt. #, etc.
 618**

3. Mailing Address

**300 Biscayne Blvd. Way
 Suite, Apt. #, etc.
 618**

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number **65-0816969**

Applied For
 Not Applicable

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

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

6. Name and Address of Current Registered Agent

**LA PERUTA, FRANK
 300 BISCAYNE WAY STE #618
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **FRANK LAPERUTA**
 Street Address (P.O. Box Number is Not Acceptable)
300 Biscayne Blvd. Way Suite #618
 City **Miami** State **FL** Zip Code **33131**

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 _____ (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, 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	P	<input type="checkbox"/> Delete
NAME	LAPERUTA, FRANK	
STREET ADDRESS	300 BISCAYNE WAY STE #618	
CITY-ST-ZIP	MIAMI FL 33131	
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		<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

4-25-01 305-772-0330
 Date Daytime Phone #

CR2E034 (10/00)