2000 UNIFORM BUSINESS REPORT (UBR)

661

FILED
Aug 02, 2000 8:00 am
Secretary of State
06-12-2000 90002 035 ***150.00

DOCUMENT # P97000069148

1. Entity Name
ASSOCIATED SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
1821 S.E. 6th ST
Pompano BEACH, Fl. 33060

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RICHARD ANDERSON
1821 SE 6th ST
Pompano BEACH, Fl. 33060

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 Richard E Anderson Pres 5-30-00
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

TITLE	P, S — PRESIDENT, SECRETARY	☐ Delete
NAME	RICHARD E. ANDERSON	
STREET ADDRESS	1821 S.E. 6th ST	
CITY-ST-ZIP	Pompano BEACH, Fl 33060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		

CR2E034 (9/99)

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: Richard E. Anderson, Pres. RICHARD E. ANDERSON 5-30-00 954-788-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

7-21-00

1821 SE 6th ST
Pompano Beach, Fl 33060
954-788-5105

Doc# P97000069148

10/17

Division of Corporations

ATTN: TyRONG

AFTER OUR PHONE CONVERSATION TODAY, I AM RESUBMITTING MY UBR WITH THIS LETTER OF EXPLINATION.

I HAD MOVED AT THE BEGINNING OF THE YEAR AND NEVER RECIEVED THE FORMS FOR THE UBR. I NEVER RECIEVED THE ORIGINAL OR ANY FOLLOW UPS. THE CORPORATION HAD NO INCOME AND IT WAS MAY BEFORE I REALIZED THE UBR HAD NOT BEEN FILED. I IMMEDIATELY FILED THE FORM AND A $150 CHECK ALONG WITH AN EXPLINATION. THE CHECK WAS CASHED BUT THE FORM WAS NOT FILED.

I AM ASKING THAT YOU WAIVE THE $400 FEE SINCE I NEVER RECIEVED THE ORIGINAL UBR FORMS.

THANKING YOU, I AM;

SINCERELY

Richard Anderson Pres.