

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004280

1. Entity Name

ADVANCED SUPPLY USA, INC.

Principal Place of Business

1355 NW 93 COURT  
SUITE 105  
MIAMI FL 33172

Mailing Address

1355 NW 93 COURT  
SUITE 105  
MIAMI FL 33172

2. Principal Place of Business

15020 S.W. 145 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

33196

USA

Zip

Country

4. FEI Number 65-0804379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASAVDOUMECO, JAVIER  
1355 N.W. 93 COURT  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name CASAVDOUMECO, JAVIER

Street Address (P.O. Box Number is Not Acceptable)

15020 SW 145 ST.

City

MIAMI

FL

Zip Code

33196

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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	D	<input type="checkbox"/> Delete
NAME	CASAVDOUMECO, JAVIER	
STREET ADDRESS	1355 NW 93 COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASAVDOUMECO, JOSE	
STREET ADDRESS	1355 NW 93 COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINTO, DIEGO	
STREET ADDRESS	1355 NW 93 COURT	
CITY-ST-ZIP	MIAMI FL 33172	
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
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STREET ADDRESS		
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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 duly empowered.

SIGNATURE:

JAVIER CASAVDOUMECO / PRESIDENT

Date

4/17/01

Daytime Phone #

(305) 6393330

CR2E034 (10/00)

0214202

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90064 039 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE