

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043277

1. Entity Name

ADVANCED SURFACE RESTORATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90127 008 ***150.00

Principal Place of Business

16051 FAIRWAY CIRCLE
FT. LAUDERDALE FL 33326

Mailing Address

16051 FAIRWAY CIRCLE
FT. LAUDERDALE FL 33326-1403

2. Principal Place of Business

16051 FAIRWAY CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

16051 FAIRWAY CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Weston FLA

Zip
33326

Country
BROWARD

City & State
Weston FLA

Zip
33326

Country
BROWARD

4. FEI Number 65-0837569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POPKIN & SHURPIN, P.A.
2499 GLADES RD., SUITE 114
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Iris Cardenas
Street Address (P.O. Box Number is Not Acceptable)
151 Lakeview Dr #201
City Weston FL Zip Code 33326

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 *Iris Cardenas*

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

(NOTE: Registered Agent signature required when reinstating)

5/8/00
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 D
NAME BANGO, NEREYDA C
STREET ADDRESS 16051 FAIRWAY CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Nereyda Bango* Nereyda Bango President 5-8-00 (954) 389-8455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)