

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

DOCUMENT # P98000043277

1. Entity Name
ADVANCED SURFACE RESTORATION, INC.



03-19-2003 90371 001 *****8.75
03-19-2003 90371 002 ***150.00

Principal Place of Business
**16051 FAIRWAY CIRCLE
WESTON FL 33326**

Mailing Address
**16051 FAIRWAY CIRCLE
WESTON FL 33326**

2. Principal Place of Business
14034 NW 16 DRIVE
Suite, Apt. #, etc.

3. Mailing Address
14031 NW 16 DRIVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines

City & State
Pembroke Pines

4. FEI Number
65-0837569

Applied For
Not Applicable

Zip
USA

Zip
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANGO, NEREYDA C
16051 FAIRWAY CIRCLE
FT. LAUDERDALE FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Bango Nereyda C
14034 NW 16 DRIVE
Pembroke Pines FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CEDRIK, DENAIN E
611 OCEAN DRIVE APT 4E
KEY BISCAYNE FL 33149** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DIEPPN, JOESPH
16051 FAIRWAY CIRCLE
FORT LAUDERDALE FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DIEPPA Joseph
14034 NW 16 DRIVE
Pembroke Pines FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE Joseph Dieppn ST.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03 (954) 478-6997
Date Daytime Phone #

CR2E034 (10/02)