## -2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P98000048781 **DOCUMENT #**

1. Entity Name

ADVANCE CAPITAL SERVICES, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90084 039 \*\*\*150.00

ALEANDER IS STELLANDS  B. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE  TIL							OF WE							
	Principal Place of Business 2500 N.W. 79 AVE. STE 212 MIAMI FL 33122			812 S	812 S.W. 102 PLACE									
Suit April 1   Suit	2 Principal Place of Business 3 Mailing Address													
Suite, Apt. H. etc.   STE   In 2							l e	T						
STE 10.3    Country							12NG 31							
Country   Coun						☐ CHECK HERE	IF MAKING	CHANGES						
See Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  CASTELLANOS, ALEXANDER -812 SW-912 PLACE  MAMI FL 33174  City FL Zu 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and their lapticable.  FILE NOW!!! FE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Elopida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE AGENT AG	City & State City & State						_			Number <b>59-3516968</b>		_ <del>                                    </del>		
S. Name and Address of Current Registered Agent  CASTELLANOS, ALEXANDER	Zip	Zip Country			Zip Count			:	5. Certificate of Status Desired					
CASTELLANDS, ALEXANDER -912-SW-1902-PLACE  MIAMI FL 33174   City FL Zip Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  VP AMALE ALEXANDER, CASTELLANDS SIRRET AUDRESS  SIRRET	اادد		and Address of Current			<b></b>				me and Address of New R	egistered A	gent		
SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, when the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of th											· · · · · · · · · · · · · · · · · · ·			
Signature Appears Appears 12 S.W. 102 PLACE  MAMI FL 33174  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chilipations of registered agent, who do present agent are of registered agent.  SIGNATURE  SIG	CASTELLA	NOS. ALEX	ANDER				•							
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B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Sumary, typed or private name of implished agent and the flagolizable.   (NOTE: Registered Agent signature recycled when refrobling)   DATE								•						
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	12. I hereby d	certify that the	information supplied with	this filina	does not qualify fo	r the exe	mption state	d in Secti	ion 11	9.07(3)(i), Florida Statutes.	I further cert	ify that the in	nformation	

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 fustee 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 addless, with all other the empowered.

SIGNATURE:

(305) 223-1748