

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P98000048781**



1. Entity Name  
**ADVANCE CAPITAL SERVICES, INC.**

Principal Place of Business  
**2500 N.W. 79 AVE. STE 212  
MIAMI FL 33122**

Mailing Address  
**812 S.W. 102 PLACE  
MIAMI FL 33174**



2. Principal Place of Business  
**10261 SW 72nd ST.  
Suite, Apt. #, etc.  
STE. 103  
City & State,  
MIAMI FL  
Zip  
33173**

3. Mailing Address  
**10261 SW 72nd ST.  
Suite, Apt. #, etc.  
STE. 103  
City & State  
MIAMI FL  
Zip  
33173**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3516968**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASTELLANOS, ALEXANDER  
~~812 SW 102 PLACE~~  
MIAMI FL 33174**

**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. 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**

TITLE	VP	<input type="checkbox"/> Delete
NAME	ALEXANDER, CASTELLANDS	
STREET ADDRESS	812 S.W. 102 PLACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CASTELLANOS, ANA G	
STREET ADDRESS	812 S.W. 102 PLACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Alexander Castellanos 3/7/03 (305) 223-1788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)