2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

1. Entity Nar	IMENT # P9800 me .ASTERING, INC.				03-24-2003	90209 049) ***1	.50.00		
Principal Place of Business Malling Address 3190 SOUTH STATE ROAD NO. 7 3190 SOUTH STATE ROAD MIRAMAR FL 33023 MIRAMAR FL 33023										.
2. Principal F	Place of Business	3. Mailing Address								•
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE	F MAKING C	HANGE	s	
City & State		City & State			4. FEI Numb	er 65-086710 5	() 		Applied For Not Applicable	
Zip Country		Zip Cou						3.75 Additional e Required		
	6. Name and Address of Current,			= 7. Name and	Address of New Ro	gistered Age	nt" `		∃~	
		<u> </u>	- ات-نسب	Name	÷ട-സടയി:	or				_ _
FORD, MICHAEL W 2601 SOUTH BAYSHORE DRIVE			-		Angelia-Taylor Address (P.O. Box Number is Not Acceptable) 3190 S. State Road 7 #A5					
SUITE 1600					<u> </u>		··			7
MIAMI FL 33133				City Miramar FL Zip Coo					de	1
City Miramar City Miramar FL Zip Code 33023 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 McCellia Hando										
Sidnesde, typed or printed pages and pile 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						ction Campaign Fina st Fund Contribution.		\$5.6 Adde	00 May Be ed to Fees	
10.	OFFICERS AND D	<u> </u>	11.		ADDITIONS /	CHANGES TO OFFIC	EDS AND DIS	ECTOI	DC IN 11	4
TITLE	VS OFFICERS AND E	Delete	TITLE	-T $-$	AUDITIONS	CHANGES TO GITTE		Change	Addition	8
NAME	JOHNSON, ETHEL	_ *****	NAME	(·	_	100
STREET ADDRESS CITY-S1-ZIP	3190 S STATE RD 7 #A5 MIRAMAR FL 33023		STREET A							CR2E034 (10/02)
TITLE	DT COURT OF COURT	☐ Delete	TITLE	P/D				Change	Addition	1%
NAME	TAYLOR, ANGELIA	L3 0000	NAME		r gelia Ta	vior		,		0
STREET ADORESS City-St-Zip	3190 S STATE ROAD NO. 7 #A5 MIRAMAR FL 33023	·	STREET A	nnress i		ate Road	7 No.	. A5	ı	
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TITLE		☐ Delete	TITLE					Change	Addition	
NAME	",		NAME							
STREET ADDRESS CITY-ST-ZIP	·		STREET AL							
12. I hereby co	ertify that the information supplied with the on this report or supplemental report is tr	nis filing does not qualify for the	he exempt	on stated in Sec	tion 119.07(3)(i) ame legal effect	, Florida Statutes. I fu	rther certify th	at the in	nformation or director	
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: (SANGELLE STATE STATE STATE OF PROPERTY SIGNARGO OF PROFESSION SIGNARGO OF PROFE										