## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # P99000007398 1. Entity Name A.S.A.P. BONDING, INC. 03-05-2002 90138 018 \*\*\*150.00 Mailing Address Principal Place of Business % REGINA ANNE DANTE-PERU PO BOX 292215 1501A NW 14TH ST. **DAVIR7FL 33329** MIAMI FL 33125 HS 2. Principal Place of Business 3. Mailing Address P.O. BOX 292215 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number DAVIE 65-0890586 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired **U**5 33329 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUTECKI, HEATHER A ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND ST. TE-PERU 34TH FLOOR **MIAMI FL 33131** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TIT1 F NAME NAME DANTE-PERU, REGINA STREET ADDRESS STREET ADDRESS 1501A NW 14TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME PERU, MANUEL STREET ADDRESS STREET ADDRESS 1501A NW 14TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

**FILED**