Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000024151 1. Entity Name ASA GROUP, INC. 05-10-2001 90062 048 ***150.00 Principal Place of Business Mailing Address 1023 SW 122ND AVE. 1023 SW 122ND AVE. **BUILDING 63 BUILDING 63** PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address 6060 WOOD GATE LANE 6060 WOOD GATE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0907553 SUNRISE, FI SUNRISE, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33326 **BROWARD** 33326 **BROWARD** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (SAME) MARCO A GOMEZ-SALDARRIAGA SALDARRIAGA, MARCO A Street Address (P.O. Box Number is Not Acceptable) 1023 SW 122ND AVE. 6060 WOOD GATE LANE **BUILDING 63** PEMBROKE PINES FL 33025 Zip Code SUNRISE 33326 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE GOMEZ-SALDARRIAGA MARCO A Change NAME SALDARRIAGA, MARRO A NAME 6060 WOOD GATE LANE STREET ADDRESS 1023 SW 122 AVENUE BLDG 63 STREET ADDRESS SUNRISE, FL 33326 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33025 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME MME STREET ADDRESS STREET ADDRESS Y-ST-ZIP r for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director of a sequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if g does not qual I hereby certify that the information supplied with this fili indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowerer ecute this r 04/26/01 954-801-1101 SIGNATURE: