

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043328

1. Entity Name

A S REALTY INVESTMENT CORP.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90060 027 \*\*\*150.00

Principal Place of Business

8384 A TRENT CT.  
BOCA RATON FL 33433

Mailing Address

8384 A TRENT CT.  
BOCA RATON FL 33433

60043324

2. Principal Place of Business

8384 A Trent Ct

Suite, Apt. #, etc.  
Suite A

City & State  
Boca Raton, FL 33433

Zip  
33433

Country  
Palm Beach 33433

3. Mailing Address

same 8384 Trent

Suite, Apt. #, etc.  
Suite A Boca Raton

City & State  
Florida 33433

Zip  
33433

Country  
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0926476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMBUCO, ANGIE  
8384 A TRENT CT.  
BOCA RATON FL 33433

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**~ After MAY-1, 2001- Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SAMBUCO, ANGIE  
8384 A TRENT CT.  
BOCA RATON FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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13. 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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angie Sambuco Pres. 4-5-01 561-479-2235  
Angie Sambuco

Date

Daytime Phone #

CR2E034 (10/00)