FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # P99000043328 **Secretary of State** 1. Entity Name A S REALTY INVESTMENT CORP. 01-31-2002 90101 001 ***150.00 01-31-2002 90101 002 *****8.75 Principal Place of Business Mailing Address 8384 A TRENT-CT .8384_A_TRENT_CT. 11347 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business Mailing Address *೩<i>३०३५* DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0926476 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAMBUCO, ANGIE Street Address (P.O. Box Number is Not Acceptable) 8384 A TRENT CT. **BOCA RATON FL 33433** 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) 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, 2002 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 12. CR2E034 (9/01) TITLE 🗖 Delete TITLE X Change ☐ Addition SAMBUCO, ANGIE 4mbuco-ANGIE NAME NAME STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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-78P TITLE ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 extrustee 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:

AREASO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 561

Daytime Phone #