

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90056 011 ***150.00

DOCUMENT # P99000056405

1. Entity Name

ADVANCED TECHNOLOGIES & SOLUTIONS, INC.

Principal Place of Business

6441 SW 21 STREET
 WEST MIAMI FL 33155

Mailing Address

6441 SW 21 STREET
 WEST MIAMI FL 33155-1940

2. Principal Place of Business

8321 Dundee Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

4. FEI Number

65-0931272

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSIMOGIANNIS, JOHNNY
6441 SW 21 STREET
WEST MIAMI FL 33155

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIO	
STREET ADDRESS	6441 SW 21 STREET	
CITY-ST-ZIP	WEST MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MESA, LUIS S	
STREET ADDRESS	6441 SW 21 STREET	
CITY-ST-ZIP	WEST MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, JORGE N	
STREET ADDRESS	6441 SW 21 STREET	
CITY-ST-ZIP	WEST MIAMI FL 33155	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CARMEN A	
STREET ADDRESS	6441 SW 21 STREET	
CITY-ST-ZIP	WEST MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8321 Dundee Terrace	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8321 Dundee Terrace	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8321 Dundee Terrace	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Mario Fernandez* * MARIO FERNANDEZ * 3/21/2000 * 305-821-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)