

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000064935

02 FEB 18 AM 9:19

1. Entity Name

ALSPAC MIAMI CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

Principal Place of Business	Mailing Address
8408 N.W. 66th Street Miami, Florida 33166	

2. Principal Place of Business	3. Mailing Address
Suite, Apt., #, etc.	Suite, Apt., #, etc.
City & State	City & State
Zip	Country
	USA

4. FEI Number	Applied For
65-0935402	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

Nelson Slosbergas
501 Brickell Key Drive, Suite 400
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: Maurice Rousseau Jr.
Street Address (P.O. Box Number is Not Acceptable): 8408 N.W. 66th Street
City: Miami FL Zip Code: 33166

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: *Maurice Rousseau Jr.* (Agent) DATE: 11/07/01

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 Fee

11. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Campos, Milton	
STREET ADDRESS	8408 NW 66th Street	
CITY-ST-ZIP	Miam, Fl 33166	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CHANG, MOUNG WAHN.	
STREET ADDRESS	8408 NW 66th Street	
CITY-ST-ZIP	Miami, Fl 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	000005072200--8	
1.4 CITY-ST-ZIP	-03/08/02--01011--018	
	900.00 *900.00	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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,

SIGNATURE: *[Signature]* DATE: 11/07/01 DAY: _____