

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91846 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000080092

1. Entity Name
ASA INVESTMENTS GROUP, CORP.



Principal Place of Business
3512 NW 61 ST
MIAMI, FL 33166

Mailing Address
3512 NW 61 ST
MIAMI, FL 33166

2. Principal Place of Business

8512 NW 61 ST
Suite, Apt. #, etc.

3. Mailing Address

8512 NW 61 ST
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA
Zip 33166 Country Dade

City & State

MIAMI, FLORIDA
Zip 33166 Country Dade



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0994884

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FUENTES, GUSTAVO
4668 NW 103RD COURT
MIAMI, FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when relocating)

DATE

4/30/03

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	FUENTES, GUSTAVO	4668 NW 103 CT	MIAMI, FL 33178	☐
VD	DE CASSAN, FRED	4668 NW 103 CT	MIAMI, FL 33178	☐
SD	ANEZ, JORGE	4668 NW 103 CT	MIAMI, FL 33178	☒
TD	GARCIA, RAFAEL	4668 NW 103 CT	MIAMI, FL 33178	☒
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO FUENTES

4/30/03 (305) 716-0927

DATE

Daytime Phone #

CHRE034 (10/02)