2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am **DOCUMENT # \$32127 Secretary of State** 1. Entity Name 03-05-2001 90343 018 ***150.00 ASTUTE INVESTMENTS CORP Principal Place of Business Mailing Address 7213 GREENSVILLE COURT 7213 GREENSVILLE COURT 31924 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FFI Number 65-0251622 Not Applicable Zìp Country Country \$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 SUSSER, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 7213 GREENSVILLE COURT ORLANDO FL 32819 City Zip Code 8. The above named entity submits this statement for the purpose of changi istered office or registered ac FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Efection Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME SUSSER, ARTHUR NAME STREET ADDRESS 7213 GREENSVILLE COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition NAME JELKE, JOHN NAME STREET ADDRESS 1940 NE 118TH RD STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAMATO, SAMUEL NAME STREET ADDRESS STREET ADDRESS 4500 BISCAYNE BLVD., #104 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 TITLE **ASTD** ☐ Delete TITE ☐ Change Addition NAME SUSSER, EILEEN NAME STREET ADDRESS 7213 GREENSVILLE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE SD ☐ Delete TITLE ☐ Addition Change NAME SUSSER, KATHLEEN NAME STREET ADDRESS 7213 GREENSVILLE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the receiver or trastal empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if