

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S54764

FILED
Apr 04, 2003
Secretary of State

Entity Name: A.S.C.I. OF MIAMI, INC.

Current Principal Place of Business:

8390 W. FLAGLER ST.
SUITE 104
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8390 W. FLAGLER ST.
SUITE 104
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0263735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRAPA, ROBERTO A.
8390 W. FLAGLER ST.
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

ROBERTO A MASTRAPA
8390 W. FLAGLER ST.
SUITE 104
MIAMI, FL 33144 US

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: ROBERTO A MASTRAPA 04/04/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASTRAPA, ROBERTO A,
Address: 9220 SW 21ST TERR
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: MASTRAPA, YVONNE M
Address: 9220 SW 21ST TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE M MASTRAPA ST 04/04/2003

Electronic Signature of Signing Officer or Director Date