FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 020 ***150.00

90123289

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56191

1. Entity Name
ASM HOLDINGS, INC.

Principal Place of Business	Mailing Address
6658 NW 25 AVE BOCA RATON, FL 33496 US	C/O OBBS 9600 W SAMPLE 304 CORAL SPRINGS, FL 33061 US

2. Principal Place of Business	3. Mailing Address
C/O PBS	C/O PBS
Suite, Apt. #, etc. 110 E Atlantic Ave 235	Suite, Apt. #, etc. 110 E Atlantic Ave 235
City & State Delray Beach FL	City & State Delray Beach FL
Zip 33444 Country USA	Zip 33444 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0263087 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, AXEL
C/O PBC
9600 W SAMPLE ROAD 304
CORAL SPRINGS, FL 33061

7. Name and Address of New Registered Agent

Name Axel Weiss
Street Address (P.O. Box Number Is Not Acceptable) C/O PBS
110 E Atlantic Ave 235
City Delray Beach FL Zip Code 33444

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	DP ☐ Change ☐ Addition
NAME	WEISS, AXEL	NAME	Axel Weiss
STREET ADDRESS	9600 W SAMPLE ROAD 304	STREET ADDRESS	C/O PBS 110 E Atlantic Ave 235
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	Delray Beach FL 33444
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

CR2E034 (10/02)