

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90005 022 ***150.00

07-13-01

DOCUMENT # P94000014195

1. Entity Name
ADVANCED CONSULTING SERVICE, INC.

DEPARTMENT OF REVENUE
 (LA)

Principal Place of Business
10355 S.W. 67 AVE.
MIAMI FL 33156

Mailing Address
10355 S.W. 67 AVE.
MIAMI FL 33156

2. Principal Place of Business
230 Palermo Avenue
 Suite, Apt. #, etc.

3. Mailing Address
230 Palermo Avenue
 Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0478050

Applied For
 Not Applicable

Zip
33134

Country

Zip
33134

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASTRAN, RAUL
333 NE 8 ST
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORGE, CHRIS 10355 S.W. 67 AVE. MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 11 or Block 12 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

7/9/01 (305) 444-9533

Date Daytime Phone #

CR2E034 (5/01)

Attachment
D#P9400001419E
A077325

ADVANCED CONSULTING SERVICE, INC.

**230 Palermo Avenue
Coral Gables, FL 33134**

Telephone (305) 444-9533
Facsimile (305) 444-5633

July 9, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

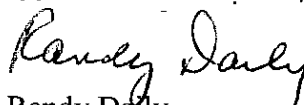
Re: Advanced Consulting Service, Inc.
FEI # 65-0478050

Dear Sir:

Enclosed is the UBR for the above listed company along with a check in the amount of \$150.00. Unfortunately, we moved and just received this renewal form. I truly apologize, but if you look at our previous record we have never been late before. I have made the appropriate address change.

Thank you for your consideration.

Sincerely,



Randy Dally
Office Manager

Enc.