


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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90224 016 \*\*\*150.00

**DOCUMENT # P96000084559**

1. Entity Name  
**ADVANCED ASSET PROTECTION INSTITUTE, INC.**



Principal Place of Business Mailing Address

██████████ ██████████  
██████████ ██████████

**10026385**

2. Principal Place of Business  
**2121 PONCE DE LEON BLVD.**  
Suite, Apt. #, etc.  
**SUITE 320**

3. Mailing Address  
**SAME AS #2**  
Suite, Apt. #, etc.

City & State City & State  
**CORAL GABLES, FLORIDA**

Zip Country Zip Country  
**33134-5229**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0703904** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**DONLEVY-ROSEN, PATRICIA**  
██████████  
**NEW ADDRESS: 2121 PONCE de LEON BLVD - SUITE 320, CORAL GABLES, FL 33134-5229**

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

SIGNATURE *Patricia Donlevy-Rosen* **PATRICIA DONLEVY-ROSEN, Pres. Feb. 20, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DONLEVY-ROSEN, PATRICIA</b> ██████████ ██████████ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2121 PONCE de LEON BLVD - SUITE 320 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ROSEN, HOWARD D</b> ██████████ ██████████ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2121 PONCE de LEON BLVD - SUITE 320 CORAL GABLES, FL 33134</b>
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
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
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
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

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: *Patricia Donlevy-Rosen* **PATRICIA DONLEVY-ROSEN, Pres. Feb. 20, 2003 (305) 447-0061 X3**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)