1.	Name of company or name of individual (	not fictitious name <i>UENT COX</i>	or d/b/a):
2.	Name under which applicant will do business (fice A-S-REACTY /NIESTUREM		av 196
3.	Official mailing address:		\$ 100°
·	Official mailing address:  Street: 23035 SUNFIEUD DAIVE  P.O. Box:		
	P.O. Box:		
	City: BECK RATON		
	State: FLANOA	Zip: <u>33433</u> .	
4.	Florida address:		
	Street: AS Above "3"		
	P.O. Box:		
	City:		
	State:	Zip:	
5.	Structure of organization:	DEPOSIT	<b>*</b> A ****
	( ) Individual		DATE DEC 0 7 2001
	(X) Corporation		9 . 2001
	( ) General Partnership		
	( ) Limited Partnership		
	( ) Other:		
6.	If incorporated in Florida, provide proof of authority to operate in Florida:		
	Florida Secretary of State Corporate Registration Number:	, 9900004:	3328
Requi	PSC/CMU-32 (02/99) red by Commission Rule Nos. 25-24.510 & 25-24.511 Name: cmu-32.doc	DOCUMI	- 2 INT NUMBER -DATE

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