

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90176 039 \*\*\*150.00

0396410 AV

**DOCUMENT # K31730**

1. Entity Name  
**ASK FINANCIAL, INC.**



Principal Place of Business  
**5900 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE FL 33309  
US**

Mailing Address  
**5900 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE FL 33309  
US**



2. Principal Place of Business  
**2500 WESTON ROAD**

3. Mailing Address  
**2500 WESTON ROAD**

Suite, Apt. #, etc.  
**SUITE # 318**

Suite, Apt. #, etc.  
**SUITE # 318**

CHECK HERE IF MAKING CHANGES

City & State  
**WESTON, FLORIDA**

City & State  
**WESTON, FLORIDA**

4. FEI Number **65-0069593**

Applied For  
 Not Applicable

Zip **33331** Country **USA**  
**BROWARD**

Zip **33331** Country **FL USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALAN S KORNBLUH  
5900 N ANDREWS AVE  
SUITE 200  
FT LAUDERDALE FL 33309**

Name **ALAN S. KORNBLUH**  
Street Address (P.O. Box Number is Not Acceptable)  
**2500 WESTON ROAD  
SUITE # 318**  
City **WESTON** FL Zip Code **33331**

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

**4/25/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST KORNBLUH, ALAN S. 5900 N ANDREWS AVE SUITE 200 FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KORNBLUH, ALAN S. 5900 N ANDREWS AVE SUITE 200 FORT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ALAN S. KORNBLUH 2500 WESTON ROAD, # 318 WESTON, FL 33331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALAN S. KORNBLUH 2500 WESTON ROAD # 318 WESTON, FL 33331</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **SIGNATURE REQUIRED**

**4/25/03**

**554 888 9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)