

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-10-2001 90004 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057303

1. Entity Name
THE ASHLEY ROBIN CORP.

Principal Place of Business Mailing Address
11401 Pines Blvd. Ste. 604
Pembroke Pines, FL 33026

2. Principal Place of Business 3. Mailing Address
11401 Pines Blvd. **11401 Pines Blvd.**
 Suits, Apt. #, etc. Suits, Apt. #, etc.
Suite 604 **Ste. 604**

City & State City & State
Pembroke Pines, FL **Pembroke Pines, FL**
 Zip Country Zip Country
33026 USA **33026 USA**

4. FEJ Number Applied For
65-1015766 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Spiegel + Utroa PA
343 Almeria Ave
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name **Robin Granato**
 Street Address (P.O. Box Number is Not Acceptable)
11401 Pines Blvd. Ste. 604
 City **Pembroke Pines** FL Zip Code **33026**

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 *[Signature]* DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	PSTO	<input type="checkbox"/> Delete
NAME	Robin Granato	
STREET ADDRESS	11401 Pines Blvd. Ste. 604	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustee 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 empowerments.

SIGNATURE *[Signature]* DATE **7-15-01** COUNTY **Franklin**



DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)