

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-16-2001 90005 042 ***550.00

DOCUMENT # P98000040867
 1. Entity Name
THE ASHLEY NICOLE CORPORATION

Principal Place of Business Mailing Address
 8000 WEST BROWARD BOULEVARD 8000 WEST BROWARD BOULEVARD
 SUITE 121 SUITE 121
 PLANTATION FL 33388 PLANTATION FL 33388

2. Principal Place of Business 3. Mailing Address
11401 Pinos Blvd. *11401 Pinos Blvd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste. 604 *Ste. 604*
 City & State City & State
Pembroke Pines, FL *Pembroke Pines, FL*
 Zip Country Zip Country
33026 *USA* *33026* *USA*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRANATO, ROBIN
8000 W BROWARD BLVD #121
PLANTATION FL 33388

7. Name and Address of New Registered Agent
 Name *Robin Granato*
 Street Address (P.O. Box Number is Not Acceptable) *11401 Pinos 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 _____ 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRANATO, ROBIN C 8000 W BROWARD BLVD #121 PLANTATION FL 33388 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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 empowerments.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)