## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 196964 NORMAN ASCHER & ASSOCIATES INC** Principal Place of Business Mailing Address 470C ANSIN BLVD 470C ANSIN BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip 6. Name and Address of Current Registered Agent

PHILLIPS, B CUBBEDGE

8. The above named entity submits this statement for the purpose of

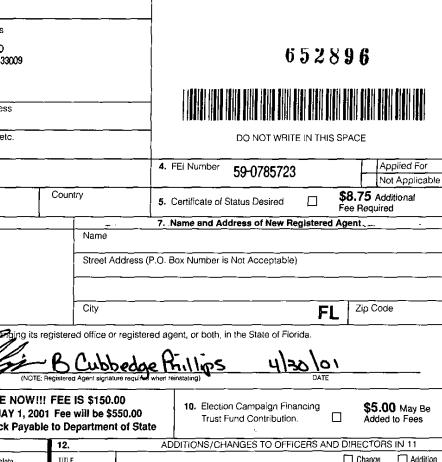
9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

470C ANSIN BLVD HALLANDALE FL 33009

## FILED May 14, 2001 8:00 am' Secretary of State

05-14-2001 90051 005 \*\*\*150.00



(See criteria on back)			Make Check Payable to Department of State		ate	rrust runa Contribution	I). U	Added	to rees	
11. OFFICERS AND DIRECTORS			CTORS	12.	ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, B.C. 135 N.E. 43 STREET MIAMI, FL 00000		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, M.N. 135 N E 43RD ST MIAMI, FL 00000		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, B C II 1100 NE 131 ST MIAMI FL		□ Deletē	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Phillips, R. L. 1589 N.E. 110Th Street Miami Fl		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

SIGNATURE: