

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001881**

1. Entity Name

ASON ENGINEERING, LTD.

FILED

02 APR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RAJW



Principal Place of Business

**200 E. LAS OLAS BLVD., PH-B #2050
FORT LAUDERDALE FL 33301**

Mailing Address

**200 E. LAS OLAS BLVD., PH-B #2050
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

ONE FINANCIAL PLAZA

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

SUITE 125

Suite, Apt. #, etc.

SUITE 125

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0785907

Applied For

Not Applicable

Zip

33394-0063

Country

USA

Zip

33394-0063

Country

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

**BRINKLEY, W. MICHAEL ESQ.
200 E. LAS OLAS BLVD., SUITE PB
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$175,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$175,000.00

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000063360**
NAME **ASON MANAGEMENT, INC.**
STREET ADDRESS **200 E. LAS OLAS BLVD., PH-B #2050**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

STREET ADDRESS **ONE FINANCIAL PLAZA SUITE 125**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33394-0063**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/02

Date

954-5240601

Daytime Phone #

CR2E003 (9/01)

0002385 AV