

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90713 002 ***150.00

DOCUMENT # F00000002167

1. Entity Name
ASHLAR LIMITED, INC.

Principal Place of Business **Mailing Address**
ROYALTY HOUSE, WALPOLE AVE. **ROYALTY HOUSE, WALPOLE AVE.**
DOUGLAS ISLE OF MAN IM12LT **DOUGLAS ISLE OF MAN IM12LT**

2. Principal Place of Business **3. Mailing Address**
PROSPECT CHAMBERS **PROSPECT CHAMBERS**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
PROSPECT HILL, DOUGLAS **PROSPECT HILL, DOUGLAS**
City & State **City & State**
ISLE OF MAN IM1 1ET **ISLE OF MAN IM1 1ET**
Zip **Country** **Zip** **Country**
BRITISH ISLES **BRITISH ISLES**



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** **Applied For**
Not Applicable

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**
GARCIA-PEREZ, CARLOS A **Name**
2655 LE JEUNE RS, STE 805 **Street Address (P.O. Box Number is Not Acceptable)**
CORAL GABLES FL 33134 **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]* **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASLITURK, FATOS		NAME	FATOS ASLITURK	
STREET ADDRESS	KORFEZ CAD 33, ANADOLILISAN		STREET ADDRESS	91 BURLEIGH GARDENS	
CITY-ST-ZIP	ISTANBUL, TURKEY		CITY-ST-ZIP	LONDON N14 5AS ENGLAND	
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASLITURK, ORHAN		NAME		
STREET ADDRESS	91 BURLEIGH GARDENS		STREET ADDRESS		
CITY-ST-ZIP	LONDON ENGLAND		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAYLE, COLIN M		NAME		
STREET ADDRESS	ROYALTY HOUSE, WALPOLE AVE		STREET ADDRESS		
CITY-ST-ZIP	DOUGLAS, ISLE OF MAN		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 empowered.

SIGNATURE: *[Signature]* **25/MARCH/2002** **+44 789 9904655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)