

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90004 042 ***150.00

DOCUMENT # F47517

1. Entity Name
ASCOT GROUP, INC.

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Principal Place of Business % S.B. GUREN 1101 BRICKELL AVE., M-100 MIAMI FL 33131	Mailing Address % S.B. GUREN 1101 BRICKELL AVE., M-100 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 1101 BRICKELL AVE., #1005-S	3. Mailing Address Suite, Apt. #, etc. 1101 BRICKELL AVE., #1005-S
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 59-2127833	Applied For <input type="checkbox"/> Not Applicable
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Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUREN SHELDON B. 1101 BRICKELL AVE., M-100 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE SUITE 1005-S City MIAMI FL Zip Code 33131
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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 *Sheldon B. Guren* **SHELDON B. GUREN** DATE **7/18/00**

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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUREN, SHELDON B 1101 BRICKELL AVE. M-100 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 BRICKELL AVENUE, SUITE 1005-S MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOROTKY, PAMELA G. 5222 RUSSELL ST #26 TAMPA FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(j), 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: *Sheldon B. Guren* **SHELDON B. GUREN** DATE **7/18/00** DAYTIME PHONE # **(305) 374-4007**

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



Attachment
OFF F47517
OW75073

1101 Brickell Avenue
Suite 1005-S
Miami, Florida 33131
(305) 374-4007
Fax (305) 372-1491

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Ascot Group, Inc.
Document #F47517

Dear Sir/Madam:

Enclosed herewith please find the 2000 Uniform Business Report for Ascot Group, Inc. along with our check #2871, payable to the Department of State, in the amount of \$150.00.

Please note that at the end of last year our company moved. It appears that the first notice was received at our old offices and was never forwarded to our new address, as we have never received it. I would therefore respectfully request that you waive the \$400.00 late charge and accept the filing fee of \$150.00 which is enclosed herewith.

Should you require any additional information please do not hesitate to contact me at (305) 374-4007. Thank you.

Very truly yours,

Dominique Tejeda
Bookkeeper

/dt