

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F90155

1. Entity Name

ASCOT, CORP.

Principal Place of Business

9400 W. FLAGLER STREET  
APT. 101  
MIAMI FL 33174  
US

Mailing Address

9400 W. FLAGLER STREET  
APT. 101  
MIAMI FL 33174-2025  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DARROW, KENNETH F  
9350 S. DIXIE HIGHWAY., STE 1550  
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

(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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	GREG, IVAN	
STREET ADDRESS	575 CRANDON BLVD. #513	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DARROW, KENNETH F	
STREET ADDRESS	9350 S. DIXIE HWY., STE 1550	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#575, 575 CRANDON BLVD.	
STREET ADDRESS	KEY BISCAYNE, FL. 33149	
CITY-ST-ZIP	KEY BISCAYNE, FL. 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9350 S. DIXIE HWY. # 1550	
STREET ADDRESS	MIAMI, FL 33156	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90131 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1310380

Applied For Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

1305/22/8147  
Feb. 1. 2000