

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004301

1. Entity Name
ASEEL, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90134 047 ***150.00

0678661 AT

Principal Place of Business
1215 19TH STREET, N.W.
WASHINGTON DC 20036

Mailing Address
1215 19TH STREET, N.W.
WASHINGTON DC 20036



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1941426

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	AL-GHUNAIM, MAHA K	
STREET ADDRESS	P.O. BOX 28807	
CITY-ST-ZIP	SAFAT 13149, KUWAIT	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AL-GHUNAIM, FAHED K	
STREET ADDRESS	P.O. BOX 28807	
CITY-ST-ZIP	SAFAT 13149, KUWAIT	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	SKANCKE, STEVEN L	
STREET ADDRESS	1215 19TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	V	<input type="checkbox"/> Delete
NAME	AL-NAKEEB, HAYAT A	
STREET ADDRESS	P.O. BOX 28807	
CITY-ST-ZIP	SAFAT 13149, KUWAIT	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL-GHUNAIM, MOHAMMED K	
STREET ADDRESS	P.O. BOX 28807	
CITY-ST-ZIP	SAFAT 13149, KUWAIT	
TITLE	D	<input type="checkbox"/> Delete
NAME	AL-GHUNAIM, AHMED K	
STREET ADDRESS	P.O. BOX 28807	
CITY-ST-ZIP	SAFAT 13149, KUWAIT	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 its 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
Steven L. Skancke

February 22, 2002

Date

202 429-1780

Daytime Phone #

CR2E034 (9/01)