

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90009 046 \*\*\*150.00

DOCUMENT # **F98000000-5209**

1. Entity Name

**Asatey S.R.L.**

Principal Place of Business

Mailing Address

**2360 Collins Ave**

**2360 Collins Ave**

**Miami Beach, FL 33139**

**Miami Beach, FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**98-0234232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**Irina Vichonsky**

**1120 Papaya Street**

**Hollywood, FL 33019**

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

(NOT: 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!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEES IS \$150.00**

**Fee will be \$550.00**

**to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **President**  
STREET ADDRESS **Eduardo Biraben**  
CITY-STATE-ZIP **Florida 835 30 piso office 320**  
**Capital Federal, Argentina (1005)**

TITLE ☐ Delete

NAME **1**  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME **Vice President**  
STREET ADDRESS **Juan Pablo La fosse**  
CITY-STATE-ZIP **Florida 835 30 piso office 320**  
**Capital Federal, Argentina (1005)**

TITLE ☐ Change ☒ Addition

NAME **Treasurer**  
STREET ADDRESS **Sebastian Golitz**  
CITY-STATE-ZIP **Florida 835, 30 piso office 320**  
**Capital Federal, Argentina (1005)**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **Sebastian Golitz** DIRECTOR

**04/24/01**

Date

**+54(11) 419 7627**

Daytime Phone #

CR2E034 (11/00)