

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H83116****1. Entity Name**
A & S DESIGN, INC.**Principal Place of Business**
8955 RAMBLEWOOD DR. #2601
CORAL SPRINGS FL 33071**Mailing Address**
8955 RAMBLEWOOD DR. #2601
CORAL SPRINGS FL 33071**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 59-2595732

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**

Name

ALLAN R. FRIED

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

8955 RAMBLEWOOD DRIVE #2601

City

CORAL SPRINGS

FL

Zip Code

33071

7. Name and Address of New Registered Agent**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

1-07-02

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****TITLE** P ☐ Delete
NAME FRIED, ALLAN R.
STREET ADDRESS 8955 N.W. 15TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071**TITLE** ST ☐ Delete
NAME FRIED, SHARON D.
STREET ADDRESS 8955 N.W. 15TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071**TITLE** V ☐ Delete
NAME FRIED, GREGORY M.
STREET ADDRESS 8955 N.W. 15TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071**TITLE** V ☐ Delete
NAME FRIED, DEBRA B.
STREET ADDRESS 8955 N.W. 15TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33071**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 8955 RAMBLEWOOD DRIVE #2601
CITY-ST-ZIP**TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 8955 RAMBLEWOOD DRIVE #2601
CITY-ST-ZIP**TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS 8955 RAMBLEWOOD DRIVE #2601
CITY-ST-ZIP**TITLE** ☒ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 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 empowerment.****SIGNATURE: ALLAN R. FRIED, PRES.**

1-07-01 (454)341-5223

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90005 015 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)