## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P0000019603  1. Entity Name  ASIF ENTERPRISES, INC.				FILED Mar 30, 2001 8:00 am Secretary of State 02-28-2001 90007 047 ***150.00
Principal Place		Mailing Address		
744 S. HIGHRANDS AVENUE AVON PARK FL 33825		744 S. HIGHLANDS AVENUE AVON PARK FL 33825		33638
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE .
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country .	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent
ULLAH, MOHAMMED R 744 S. HIGHLANDS AVENUE AVON PARK FL 33825				Iress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
9. This corpor Tax filing re (See criteri	Signature, typed or printed name of registered agent an ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered Agent signature of 111 FEE IS \$150.00 001 Fee will be \$550 ble to Department o	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
NAME STREET ADDRESS	PTD ULLAH, MOHAMMED R 3826 URBINO STREET	IRECTORS Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS	SEBRING FL 33872 VSD ASIF, MOHAMMED 3826 URBINO STREET SEBRING FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 등
TITLE NAME STREET ADDRESS	SEPRING IL 100/2	Delete	TITLE NAME - STREET ADDRESS	☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ∫
TITLE VAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby ce indicated of the corp changed, of	oration or the receiver or trustee empower on an atlachment with an address, with	ols filing does not qualify for ue and accurate and that rered to execute this report hall other like empowered the component of the component	as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 If