

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED 2002 REPORT

FILED

DOCUMENT # P00000021624

1. Entity Name

ASSA INTERNATIONAL CORPORATION

02 AUG 20 AM 11:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

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-08/22/02--01078--004

*******61.25 *****61.25**
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
780 NW 42 AVE

Suite, Apt. #, etc.
SUITE 416

City & State

MIAMI FL

Zip
33126

3. Mailing Address

780 NW 42 AVE.

Suite, Apt. #, etc.

SUITE 416

City & State

MIAMI FL

Zip
33126

4. FEI Number 03-0377249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORDOVA, ANGEL D.

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

780 NW 42 AVE.

SUITE 416

City

MIAMI

FL

Zip Code

33126

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

ANGEL D. CORDOVA

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
ABRAZIAN, ALFREDO P.
2875 N.E. 191 ST. PH 3A
AVENTURA, FL. 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GRACIA, VELIA N
2875 N.E. 191 ST. PH 3A
AVENTURA, FL. 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address within the State of Florida.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO P. ABRAZIAN

Date

Daytime Phone #

CR2E034B (12/01)

8/20/02