

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90613 038 \*\*\*150.00

0405218 AV

**DOCUMENT # P00000025208**

1. Entity Name

**ASI FOR YOU, INC.**

Principal Place of Business

~~7400 ANDORRA PLACE~~  
~~BOCA RATON FL 33403~~

Mailing Address

~~7400 ANDORRA PLACE~~  
~~BOCA RATON FL 33422~~

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4928 BRANDYWINE DRIVE**

3. Mailing Address

**4928 BRANDYWINE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**65-0990225**

Applied For

Not Applicable

Zip

**33487-2108**

Country

**USA**

Zip

**33487-2108**

Country

**USA**

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

**FURST, ROBERT**

~~7400 ANDORRA PLACE~~ **4928 BRANDYWINE DRIVE**  
~~BOCA RATON FL 33403~~ **33487-2108**

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 **P** ☐ Delete  
NAME **FURST, ROBERT**  
STREET ADDRESS ~~7400 ANDORRA PLACE~~ **4928 BRANDYWINE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33487-2108**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-20-2002 561-988-7001**

CR2E034 (9/01)