

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0089883

**DOCUMENT # P00000063318**

1. Entity Name  
**ASAF INTERNATIONAL, INC.**

04-03-2001 90032 045 \*\*\*150.00

Principal Place of Business  
 12 WEST HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009

Mailing Address  
 12 WEST HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009

**D0030905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9273 COLLINS AVE.**

3. Mailing Address  
**9273 COLLINS AVE.**

Suite, Apt. #, etc.  
**401**

Suite, Apt. #, etc.  
**401**

City & State  
**SURFSIDE FL**

City & State  
**SURFSIDE FL**

4. FEI Number  
**65-1021083**

Applied For  
 Not Applicable

Zip Country  
**33154 DAD**

Zip Country  
**33154 DAD**

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**

**MREJEN, ARIE P.A.**  
**701 W. CYPRESS CREEK RD.**  
**SUITE 302**  
**FORT LAUDERDALE FL 33309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | NAME         | STREET ADDRESS                 | CITY-ST-ZIP         | Delete                   |
|-------|--------------|--------------------------------|---------------------|--------------------------|
| D     | HOESH, YARON | 12 WEST HALLANDALE BEACH BLVD. | HALLANDALE FL 33009 | <input type="checkbox"/> |
| D     | HOESH, ASAF  | 12 WEST HALLANDALE BEACH BLVD. | HALLANDALE FL 33009 | <input type="checkbox"/> |
|       |              |                                |                     | <input type="checkbox"/> |
|       |              |                                |                     | <input type="checkbox"/> |
|       |              |                                |                     | <input type="checkbox"/> |
|       |              |                                |                     | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS         | CITY-ST-ZIP       | Change                              | Addition                 |
|-------|------|------------------------|-------------------|-------------------------------------|--------------------------|
|       |      | 9273 COLLINS AVE. #401 | SURFSIDE FL 33154 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |      | 9273 COLLINS AVE. #401 | SURFSIDE FL 33154 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                        |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                        |                   | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                        |                   | <input type="checkbox"/>            | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)