

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077669

1. Entity Name

ASKANIA NOVA, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90114 014 ***150.00

Principal Place of Business

1357 NE 163RD ST.
NORTH MIAMI FL 33162

Mailing Address

1357 NE 163RD ST.
NORTH MIAMI FL 33162

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

Applied For

Not Applicable

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

ALEXANDER, GREN
1357 NE 163RD ST.
NORTH MIAMI FL 33162

Name

ELI COHEN

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

1357 NE 163 ST

City

N-MIAMI

FL

Zip Code

33162

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

4/12/01

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
D
ALEXANDER, GREN
1357 NE 163RD ST.
NORTH MIAMI FL 33162

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
ELI COHEN
1357 NE 163 ST N-MIAMI FL 33162

☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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

4/12/01

Daytime Phone #

854-392-6913

CR2E034 (10/00)