

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90162 041 \*\*\*150.00

Use only for  
AV

**DOCUMENT # P00000077669**

1. Entity Name  
**ASKANIA NOVA, INC.**



Principal Place of Business  
**12717 W SUNRISE BLVD  
SUITE 176  
SUNRISE FL 33323**

Mailing Address  
**12717 W SUNRISE BLVD  
SUITE 176  
SUNRISE FL 33323**



2. Principal Place of Business  
**1844 N NOB HILL ROAD**

3. Mailing Address  
**1844 N NOB HILL ROAD**

Suite, Apt. #, etc.  
**#214**

Suite, Apt. #, etc.  
**#214**

City & State  
**PLANTATION, FL**

City & State  
**PLANTATION, FL**

Zip  
**33322**

Country  
**USA**

Zip  
**33322**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1085609**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GAVIRGUN, YIGAL  
12717 W SUNRISE BLVD  
SUITE 176  
SUNRISE FL 33323**

**7. Name and Address of New Registered Agent**

Name

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

**1844 N. NOB HILL ROAD**

**#214**

City **PLANTATION**

**FL**

Zip Code  
**33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OSD  
GAVIRGUN, YIGAL  
12717 W SUNRISE BLVD SUITE 176  
SUNRISE FL 33323** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1844 N. NOB HILL ROAD, #214  
PLANTATION, FL 33322** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

**4/15/03**

Date

Daytime Phone #

CR2E034 (10/02)