

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 042 ***150.00

DOCUMENT # P00000084029

1. Entity Name

ASHLEY INTERNATIONAL TRADE CENTER INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3705 N. W. 115 AVE.

3. Mailing Address
3705 N. W. 115 AVE.

Suite, Apt. #, etc.
BAY 4

Suite, Apt. #, etc.
BAY 4

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number 65-1055119

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT R. SAUNIG

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

3705 N. W. 115 AVE. BAY 4

City MIAMI

FL

Zip Code
33178

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

Signature of Registered Agent (Required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
ROBERT R. SAUNIG
3705 N. W. 115 AVE. BAY 4
MIAMI, FL 33178

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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IN THIS SPACE**

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 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 #

CR2E034B (12/02)