

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000090535

FILED
Apr 13, 2002 8:00 AM
Secretary of State

Entity Name: ASSET, INC.

Current Principal Place of Business:

23 INDIAN CREEK ISLAND
MIAMI BEACH, FL 33154

New Principal Place of Business:

Current Mailing Address:

23 INDIAN CREEK ISLAND
MIAMI BEACH, FL 33154

New Mailing Address:

275 CENTRAL PARK WEST
11A
NEW YORK, NY 10024

FEI Number: 65-1048668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIFAS, HAROLD M
7900 RED ROAD STE 9
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSEN, JOANNE
Address: 23 INDIAN CREEK ISLAND
City-St-Zip: MIAMI BEACH, FL 33154

Title: P () Delete
Name: CAPPELLAZZO, AMY
Address: 23 INDIAN CREEK ISLAND
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: ROSEN, JOANNE
Address: 275 CENTRAL PARK WEST, 11A
City-St-Zip: NEW YORK, NY 10024

Title: MS (X) Change () Addition
Name: CAPPELLAZZO, AMY
Address: 275 CENTRAL PARK WEST, 11A
City-St-Zip: NEW YORK, NY 10024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE ROSEN

MS

04/13/2002

Electronic Signature of Signing Officer or Director

_____ Date