

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091396

1. Entity Name

ASBRO TECHNOLOGIES, INC.

FILED

01 AUG -8 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12515 N. KENDALL DR. S-200
MIAMI FL 33186

Mailing Address

12515 N. KENDALL DR. S-200
MIAMI FL 33186

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

65-1124083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COE, JACK M
370 MINORCA SUITE 6
MIAMI FL 33134

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001, Fee will be \$750.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOYETTE, HUGH J
CITY-ST-ZIP 12515 N. KENDALL DR, S-200
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS GLADKOV, SERGEY M
CITY-ST-ZIP 12515 N. KENDALL DR, S-200
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS SUTTA, STUART
CITY-ST-ZIP 12515 N. KENDALL DR, S-200
MIAMI FL 33186

TITLE ☐ Delete
NAME D
STREET ADDRESS RUDESTAM, ROLF
CITY-ST-ZIP 12515 N. KENDALL DR, S-200
MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 of or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/06/01

Date

305-596-2340

Daytime Phone #

CR2524 (5/01)