

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90034 001 \*\*\*150.00

**DOCUMENT # P00000110610**

1. Entity Name  
**ASIM ENTERPRISES, INC.**



Principal Place of Business  
**266 WILSHIRE BLVD., STE. 127**  
**CASSELBERRY FL 32707**

Mailing Address  
**266 WILSHIRE BLVD., STE. 127**  
**CASSELBERRY FL 32707**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

**45-0483245**

Zip

Country

Zip

Country

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**

**ALI, SYED A**  
**266 WILSHIRE BLVD., STE. 127**  
**CASSELBERRY FL 32707**

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

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 13, 2002 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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALI, SYED A	
STREET ADDRESS	266 WILSHIRE BLVD., STE. 127	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALI, SYED A	
STREET ADDRESS	266 WILSHIRE BLVD., STE. 127	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALI, SYED A	
STREET ADDRESS	266 WILSHIRE BLVD., STE. 127	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALI, MAJIDA A	
STREET ADDRESS	266 WILSHIRE BLVD., STE. 127	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08/25/2002*

Date

Daytime Phone #

CR2E034 (4/02)

attachment

010032

P00000110610

**Sternon**

**From:** "corphelp" <corphelp@mail.dos.state.fl.us>  
**To:** "Sternon" <hfn1964@emirates.net.ae>  
**Sent:** Tuesday, August 20, 2002 8:04 AM  
**Subject:** RE: ASIM ENTERPRISES INC. document no. P00000110610

If you have already paid the \$150.00, just send in the corrected report along with a copy of the reject letter mailed back to you. If you have any questions, please contact the UBR section at (850)245-6059, thank you.

Doug  
Internet Access

-----Original Message-----

**From:** Sternon [mailto:hfn1964@emirates.net.ae]  
**Sent:** Tuesday, August 20, 2002 9:27 PM  
**To:** corphelp  
**Subject:** Fw: ASIM ENTERPRISES INC. document no. P00000110610

— Original Message —

**From:** Sternon  
**To:** corphelp@email.dos.state.fl.us  
**Sent:** Tuesday, August 20, 2002 6:00 PM  
**Subject:** ASIM ENTERPRISES INC. document no. P00000110610

Dear Sir,

I would like to bring to your attention that I filed my UBR for my above Incorporation during the month of March/April by paying US\$ 150.00. After that I got an intimation from your office asking me to provide the EIN number and a payment notice for US 550.00.

Now I have received my FEI number and the number is 45-0483245.

Now, having provided the FEI number, I would request you to waive the payment of US\$ 550.00 as I have already paid US\$150.00 for the UBR.

Kindly confirm the same by reply mail at the earliest,

Regards,

Yours truly,

SYED.ASIM.ALI

ATTN: MR. DOUG

We have not got the Reject Letter Mailed to us.

However we are sending UBR completed by us with FEI- No. for Renewal

8/24/2002

Thanks.

