

7/23

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 04, 2002 8:00 am
Secretary of State

07-23-2002 90335 030 ***150.00

DOCUMENT # P01000005066**1. Entity Name**
ASB CORP.**Principal Place of Business**
2500 E HALLANDALE BEACH BLVD SUITE 808
HALLENDALE FL 33009**Mailing Address**
2500 E HALLANDALE BEACH BLVD SUITE 808
HALLENDALE FL 33009**40469**

DO NOT WRITE IN THIS SPACE

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**65-1067286**

Applied For

Not Applicable

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****SCHWARTZ, MICHAEL**
2514 HOLLYWOOD BLVD SUITE 508
HOLLYWOOD FL 33020

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** ☐ Delete
NAME **D BARNA, AGNES**
STREET ADDRESS **2500 E HALLANDALE BEACH BLVD SUITE 808**
CITY-ST-ZIP **HALLENDALE FL 33009****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **D BARNA, SANDOR**
STREET ADDRESS **2500 E HALLANDALE BEACH BLVD SUITE 808**
CITY-ST-ZIP **HALLENDALE FL 33009****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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NAME
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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 other like empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone

CR2E034 (4/02)

Attachment

JEWETT, SCHWARTZ & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

CHARLES E. JEWETT, C.P.A.
MICHAEL A. SCHWARTZ, C.P.A.
LAWRENCE H. WOLFE, C.P.A., C.V.A.

40469

July 15, 2002

Division of Corporations
Annual Report Section
PO Box 6327
Tallahassee, FL. 32314

Ref.: ASB Corporation.

P01000005066

Dear Sir or Madam:

Please be advised that the above listed company did not receive the original UBR for 2002. Enclosed please find a check in the amount for \$ 150.00 and the completed 2nd Notice. On behalf of our client we respectfully request that the Florida Department of Corporation accept this as filed timely.

Thank you in advance for your kind and prompt attention in this matter.

Sincerely,

Jewett Schwartz & Assoc CPAs

Jewett, Schwartz & Associates CPAs