

5/8/

FILED

Jun 18, 2002 8:00 am
Secretary of State

05-08-2002 90062 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037331

1. Entity Name

A.S.A. PROPERTY MANAGEMENT, INC.

Principal Place of Business

505 AVENUE A, NW, STE 102
WINTER HAVEN FL 33881-4626

Mailing Address

505 AVENUE A, NW, STE 102
WINTER HAVEN FL 33881-4626

00014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3373 W. VINE ST

3. Mailing Address

3373 W. VINE ST

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

34741

Country

FL

Zip

34741

Country

FL

4. FEI Number

AARLHND

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HALL DOUGLASS~~
505 AVENUE A, NW, STE 102
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

Name

ARNOLD SANDRA GAJRAJ

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

3373 W. VINE ST SUITE 204

City

KISSIMMEE

FL

Zip Code

34741

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

Sandra Gajraj

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-31-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GAJRAJ, ARNOLD A
STREET ADDRESS 505 AVENUE A, NW, STE 102
CITY-ST-ZIP WINTER HAVEN FL 33881-4626 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MR
NAME GAJRAJ, ARNOLD A.
STREET ADDRESS 3373 W. VINE ST
CITY-ST-ZIP ORLANDO FL ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/19/02

Date

407-933-8525

Daytime Phone #

CR2E034 (9/01)