

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90375 011 \*\*\*150.00

**DOCUMENT # P01000057194**

1. Entity Name  
**NILESAT, INC.**

Principal Place of Business  
**10716 LAGO WELLEBY DRIVE  
 SUNRISE FL 33351**

Mailing Address  
**10716 LAGO WELLEBY DRIVE  
 SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6960 SW 39 ST  
 Suite, Apt. #, etc.  
 E 104**

3. Mailing Address  
**6960 SW 39 ST  
 Suite, Apt. #, etc.  
 E 104**

City & State  
**DAVIE FL**

City & State  
**DAVIE FL 33314**

4. FEI Number  
**65-1106600**

Applied For  
 Not Applicable

Zip  
**33314**

Country  
**Broward**

Zip  
**33314**

Country  
**Broward**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
 Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KASEM, ASHRAF  
 10716 LAGO WELLEBY DRIVE  
 SUNRISE FL 33351**

Name  
**Kasem Ashraf**

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

**6960 SW 39 ST - E 104**

City  
**DAVIE**

FL

Zip Code  
**33314**

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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  
**CEO** ☐ Delete  
 NAME  
**KASEM, ASHRAF**  
 STREET ADDRESS  
**10716 LAGO WELLEBY DRIVE**  
 CITY-ST-ZIP  
**SUNRISE FL 33351**

TITLE  
**CEO** ☒ Change ☐ Addition  
 NAME  
**Kasem Ashraf**  
 STREET ADDRESS  
**6960 SW 39 ST E 104**  
 CITY-ST-ZIP  
**DAVIE FL, 33314**

TITLE  
**P** ☐ Delete  
 NAME  
**ELMASRY, AYMAN**  
 STREET ADDRESS  
**10716 LAGO WELLEBY DRIVE**  
 CITY-ST-ZIP  
**SUNRISE FL 33351**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 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)(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

**4/10/02 954-423-3175**

Date

Daytime Phone #

CR2E034 (9/01)