

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90372 031 \*\*\*150.00

0158014 AV

**DOCUMENT # P01000078571**  
 1. Entity Name  
**ASH TRADING, INC.**

Principal Place of Business      Mailing Address  
 11630 SW 2 STREEET #301      11630 SW 2 STREEET #301  
 PEMBROKE PINES FL 33025      PEMBROKE PINES FL 33025



2. Principal Place of Business      3. Mailing Address  
**14420 NW 16<sup>TH</sup> ST**      **14420 NW 16<sup>TH</sup> ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**PEMBROKE PINES, FL**      **PEMBROKE PINES, FL**      **65-1128351**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33028**      **USA**      **33028**      **USA**            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOSQUERA, MARIA**  
**11630 SW 2 STREEET #301**  
**PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**14420 NW 16<sup>TH</sup> ST**  
 City      State      Zip Code  
**PEMBROKE PINES**      **FL**      **33028**

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.   
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANTACOLOMA, ADRIANA</b>	
STREET ADDRESS	<b>11630 SW 2 STREEET #301</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOSQUERA, MARIA</b>	
STREET ADDRESS	<b>11630 SW 2 STREEET #301</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33025</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14420 NW 16<sup>TH</sup> STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33028</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14420 NW 16<sup>TH</sup> STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
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		
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: *Ma Alejandra Mosquera*      01/10/02      7868539661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)