

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90139 007 \*\*\*150.00

**DOCUMENT # P01000091240**

1. Entity Name  
**ASHISH G. AIRAN, P.A.**

Principal Place of Business <b>4151 SOUTHWEST 67TH AVENUE          SUITE 207-C          DAVIE FL 33314-3215</b>	Mailing Address <b>4151 SOUTHWEST 67TH AVENUE          SUITE 207-C          DAVIE FL 33314-3215</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>200 SOUTH EAST 6<sup>TH</sup> STREET</b>	3. Mailing Address <b>200 SOUTH EAST 6<sup>TH</sup> STREET</b>
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Suite, Apt. #, etc. <b>SUITE 401</b>	Suite, Apt. #, etc. <b>SUITE 401</b>
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City & State <b>FORT LAUDERDALE, FLA</b>	City & State <b>FORT LAUDERDALE, FLA</b>
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4. FEI Number <b>65-1138871</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33301-3424</b>	Country <b>USA</b>	Zip <b>33301-3424</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>AIRAN, ASHISH G          4151 SOUTHWEST 67TH AVENUE          SUITE 207-C          DAVIE FL 33314-3215</b>	7. Name and Address of New Registered Agent Name <b>AIRAN, ASHISH G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 SE 6<sup>TH</sup> ST., SUITE 401</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33301-3424</b>
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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 DATE **1/16/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST AIRAN, ASHISH G 4151 SOUTHWEST 67TH AVENUE SUITE 207-C DAVIE FL 33314-3215</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AIRAN, ASHISH G 4151 SOUTHWEST 67TH AVENUE SUITE 207-C DAVIE FL 33314-3215</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **1/16/2002** DAYTIME PHONE # **(954) 763-6007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)