

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90441 018 ***150.00

0284113 AV

DOCUMENT # P01000098844			
1. Entity Name ASK ASSOCIATES, INC.			
Principal Place of Business 11137 N.W. 72ND TERRACE MIAMI FL 33178		Mailing Address 11137 N.W. 72ND TERRACE MIAMI FL 33178	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLORIDA CORPORATE REGISTERED AGENTS, INC. 8180 N.W. 36TH STREET SUITE 230 MIAMI FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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.			
SIGNATURE _____ (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) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PTD <input type="checkbox"/> Delete		
NAME	DE SENA, VALDETE M		
STREET ADDRESS	11137 N.W. 72ND TERRACE		
CITY-ST-ZIP	MIAMI FL 33178		
TITLE	VD <input type="checkbox"/> Delete		
NAME	SENA KERESZTES, ALEXANDRE		
STREET ADDRESS	11137 N.W. 72ND TERRACE		
CITY-ST-ZIP	MIAMI FL 33178		
TITLE	SD <input type="checkbox"/> Delete		
NAME	SENA KERESZTES, ANDRE		
STREET ADDRESS	11137 N.W. 72ND TERRACE		
CITY-ST-ZIP	MIAMI FL 33178		
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			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
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: <u><i>[Signature]</i></u> 4-2-02 (305) 477-7447			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)