

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 011 ***150.00

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1. Entity Name
ASKATY INVESTMENTS INC.



Principal Place of Business
**5630 NW 114 PATH
212
MIAMI FL 33178-4177**

Mailing Address
**5630 NW 114 PATH
212
MIAMI FL 33178-4177**



2. Principal Place of Business

3. Mailing Address

5540 NW, 113 Place
Suite, Apt. #, etc.

5540 NW, 113 Place
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1148903

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASCANIO, RODOLFO
8362 PINES BLVD. #300
PEMBROKE PINES FL 33024

Name
ASCANIO, RODOLFO
Street Address (P.O. Box Number is Not Acceptable)
5540 NW, 113 PLACE
City
MIAMI FL Zip Code
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
R. ASCANIO

R. ASCANIO

02/01/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ASCANIO, RODOLFO
5630 NW 144 PATH, #212
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ASCANIO, RODOLFO
5540 NW, 113 PLACE, MIAMI, FL
33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ASCANIO, GLADYS
5630 NW 144 PATH, #212
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ASCANIO, GLADYS
5540 NW, 113 PLACE, MIAMI, FL
33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ASCANIO, ALFREDO
5630 NW 144 PATH, #212
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ASCANIO, ALFREDO
5540 NW, 113 PLACE, MIAMI, FL
33178

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

02/01/03 786 326 3213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)