2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000026917

1. Entity Name

ASH FOODS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90689 047 ***150.00

				V So W	TEST					
Principal Place of Business 1040 N.W. 44TH STREET OAKLAND PARK FL 33309			Mailing Address 1040 N.W. 44TH STREET OAKLAND PARK FL 33309							
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES				
City & State City & State						4. FEI Number 38 - 3645355 Applied For Not Applicable				
p Country Zip			Coun	try		5. Certificate of Status Desired See Required				
6. Name and Address of Current Registered Agent						7. Name a	nd Address of N	New Register	red Agent	
				Name						
KHIMANI, S.A. 1040 N.W. 44TH STREET				Street A	ddress (P.	(P.O. Box Number is Not Acceptable)				
										
				City					FL Zip C	Code
red agent.							botti, iii tile State			
r printed name of registered agent a	ind title if appl	icable. (NOI	E: Registere	d Agent signate	ure required w	hen reinstating)		D/	KTE .	
Fee will be \$550.00	State					I		-		5.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS						ADDITION	NS/CHANGES TO	OFFICERS	AND DIRECT	ORS IN 11
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OKVILLE LANE			STRE	ET ADDRESS						
		Delete			DIR				☐ Chan	ge 🖊 Addition
ANI, S.A.					KH1	MANI	- S.A.			
NW 44 STRE	EΤ									
AND PARKIF	<u>د 333</u>		CITY	- S1 - ZIP	OAK	LAND	PARK, FL	33309		
	í		NAM Stre	E Et address					∐ Chan	ge Addition
		☐ Delete	TITLE	:					☐ Chan	ge
			STRE	ET ADORESS						
11.00		☐ Delete	NAM STRE	E					☐ Chan	ge
					 					ge Addition
	Country and Address of Current EET 3309 submits this statement for ordered agent. r printed name of registered agent at the statement of the country of	Submits this statement for the purported agent. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTOR CHRAF OKVILLE LANE ON FL 33428 IANI, S.A. NW YY STREET AND PARK, FL 333	1040 N.W. 44TH STREET OAKLAND PARK FL 3330 25 Suite, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent EET 3309 Submits this statement for the purpose of changing its red agent. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS CHRAF OKVILLE LANE ON FL 33428 Delete IRNI, S.A. Delete Delete Delete	1040 N.W. 44TH STREET OAKLAND PARK FL 33309 25 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Coun and Address of Current Registered Agent EET 3309 Submits this statement for the purpose of changing its registere red agent. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS TITLE SHRAF OKVILLE LANE ON FL 33428 IBAN 1, S. A. NAM STREE ON FL 33428 IBAN 1, S. A. Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete TITLE NAM STREE CITY Delete	Mailing Address 1040 N.W. 44TH STREET OAKLAND PARK FL 33309 ass 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country and Address of Current Registered Agent Name Street A Street A Street A Street A City State Country Zip Country Anne Street A Street A Street A Street A City City Submits this statement for the purpose of changing its registered office or red agent. If printed name of registered agent and title if applicable (NOTE: Registered Agent algnatic Agent A	1040 N.W. 44TH STREET OAKLAND PARK FL 33309 25S 3. Mailing Address Suite, Apt. #, etc. City & State Country 27p Country and Address of Current Registered Agent Name Street Address (P. 3309 City Submits this statement for the purpose of changing its registered office or registered agent. r printed name of registered agent and title if applicable. r printed name of registered agent and title if applicable. r printed name of registered agent and title if applicable. REE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS 11. THE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	Mailing Address 1040 N.W. 44TH STREET OAKLAND PARK FL 33309 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certification and Address of Current Registered Agent Name Street Address (P.O. Box Nun Street Address (P.O. Box Nun City submits this statement for the purpose of changing its registered office or registered agent, or red agent. revieted name of registered agent and title if applicable. INOTE: Registered Agent signature required when rematating) FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS III. ADDITION HRAF OKVILLE LANE ON FL 33428 Delete TITLE MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS OTIV-ST-ZIP Delete MAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	Mailing Address 1040 N.W. 44TH STREET OAKLAND PARK FL 33309 Suite, Apt. #, etc.	Mailing Address 1000 NW. 44TH STREET OAKLAND PARK FL 33309 SSS 3. Mailing Address Sute, Apt. #, etc. Check Here IF MAN City & State 4. FEI Number 38 - 3645 Country Zip Country 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Register Street Address (P.O. Box Number is Not Acceptable) EET 3309 City Cit	Mailing Address 100 N.W. 44TH STREET OAKIAND PARK FL 33309 Suite, Apt. #, etc. Check Here if Making Change Sa. 75 Country Zip Country 5, Certificate of Status Desired Sa. 75 Fee Reg Reg and Address of Current Registered Agent Name Nam

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 eath; 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: