

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90392 026 ***550.00

DOCUMENT # P93000062075

1. Entity Name

Astor Washington Corp.

(P)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

956 Washington Avenue

Suite, Apt. #, etc.

3. Mailing Address

956 Washington Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0433786

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Karim Masri

Street Address (P.O. Box Number is Not Acceptable)

956 Washington Avenue

City

Miami Beach, FL

FL

Zip Code

33139

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. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President Karim Masri 956 Washington Avenue Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Khaled S. Masri 956 Washington Avenue Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/5/02

Date

Daytime Phone #

CR2E034B (12/01)