

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

0159410

**DOCUMENT # P94000068515**

1. Entity Name:

**ASHESTRUST INVESTMENT CORPORATION**

05-25-2001 90287 033 \*\*\*150.00

**553919**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1 ALHAMBRA PLAZA SUITE 1400 CORAL GABLES FL 33134 US</b>		Mailing Address <b>1 ALHAMBRA PLAZA SUITE 1400 CORAL GABLES FL 33134 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0528494</b>	
Zip		Country		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERKIN, STEWART A 444 BRICKELL AVE RIVERGATE PLAZA SUITE 300 MIAMI FL 33131</b>			7. Name and Address of New Registered Agent Name <b>FERNANDO ALONSO</b> Street Address (P.O. Box Number, if applicable) <b>HUNTON A WILLELATHS</b> <b>1111 BRICKELL AVE, 25TH FLOOR</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPS ASHEMIMRY, NASIR 1 ALHAMBRA PLAZA, STE 1400 CORAL GABLES FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <b>4/16/01</b> 305-448-7242		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (10/00)