2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000070986**

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

ASCAR GROUP CORPORATION

2. Principal Place of Business - - - -

vara, a 🚉 🥫

9475 NW 89TH AVE: * MIAMI FL 33178

9. This corporation is eligible to satisfy its Intangible

9475 N.W. 89 AVE.

VARA, ADALBERTO

9475 NW 89 AVE

VARA, CARLOS A

9475 N.W. 89 AVE.

Tax filing requirement and elects to do so.

VARA, A.D.

MIAMI FL

MIAMI FL

MIAMI FL

9475 NW 89TH AVE **MIAMI FL 33178**

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

Principal Place of Business

Mailing Address

9475 NW 89TH AVE MIAMI FL 33178-1403

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

12.

TITLE

TITLE

NAME

TITI F

NAME

TITLE NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

--- After MAY 1, 2000 Fee will be \$550.00

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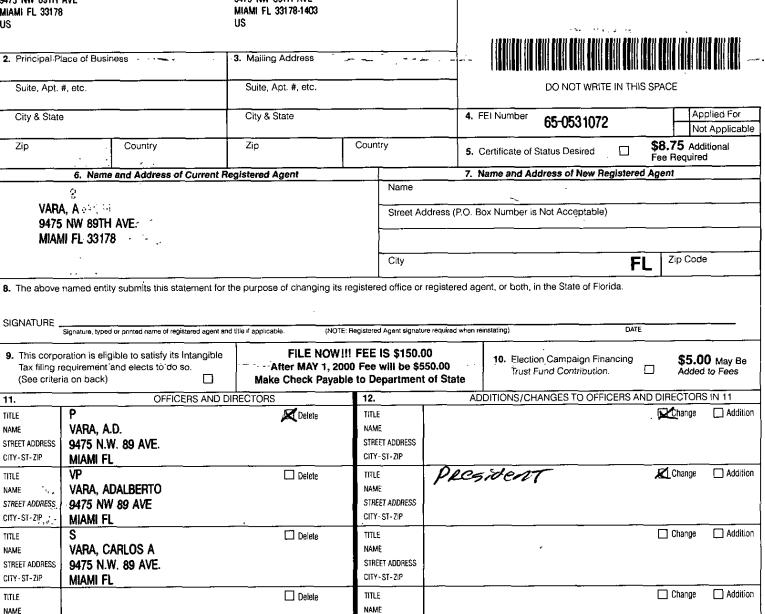
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Name

City

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90040 019 ***150.00



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 is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Addition

☐ Change

☐ Change