

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90165 034 ***150.00

0330346

DOCUMENT # P94000091233

1. Entity Name

ASI HOLDING, INC.

Principal Place of Business

1377 CLINT MOORE ROAD
BOCA RATON FL 33487
US

Mailing Address

1377 CLINT MOORE ROAD
BOCA RATON FL 33487
US

2. Principal Place of Business

1701 B CLINT MOORE RD
Suite, Apt. #, etc.

3. Mailing Address

1701 B CLINT MOORE RD
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

USA

City & State

BOCA RATON, FL

Zip

33487

Country

USA

4. FEI Number

65-0571747

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMAN, LAWRENCE
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

WILLIAM GRAY

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

1701 B CLINT MOORE RD

City

BOCA RATON

FL

Zip Code

33487

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

WILLIAM L GRAY CEO

APRIL 26 2001

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAYMAN, LAWRENCE	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	RAYMAN, BIRGITTA	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALPERT, ETHAN	
STREET ADDRESS	1377 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GRAY	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES HEERMAN	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP SANDER	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON MCGILLIVRAY	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS DUNN	
STREET ADDRESS	1701 B CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

WILLIAM L GRAY

APRIL 26 2001 241 9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

Date

Daytime Phone #

CR2E034 (10/00)