## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am DOCUMENT # P95000002357 **Secretary of State** 1. Entity Name 03-05-2002 90021 001 \*\*\*150.00 ASCOT INTERNATIONAL INVEST, INC. Principal Place of Business Mailing Address PO BOX 70066 280 SE 11TH ST FT LAUDERDALE FL 33307 POMPANO BCH FL 33060 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0547644 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBERT, LOUISE Street Address (P.O. Box Number is Not Acceptable) 280 SE 11TH ST POMPANO BCH FL 33060 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. P/T/O TITLE Delete SCHEUBLE, ALWIN J. SCHEUBLE, ALWIN J NAME TRUBEGUETLI WEG 12 1511 E COMMERCIAL BLVD, STE 128 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 NEUHAUSEN, SWITZERLAND 8212 CITY-ST-ZIP CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Change ☐ Addition SCHEUBLE, ROSEMARIE U NAME NAME 1511 E COMMERCIAL BLVD, STE 128 STREET ADDRESS STREET ADDRESS FI LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ·5/0 ALBERT, LOUISE NAME NAME STREET ADDRESS STREET ADDRESS 280 SE 11TH ST CITY-ST-ZIP POMPANO BCH FL 33060 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED**