

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90720 003 ***150.00

DOCUMENT # P95000010370

1. Entity Name
A.S.K. ENTERPRISES, INC.



Principal Place of Business
**82 N.W. 79 ST
MIAMI FL 33150**

Mailing Address
**7929 NW MIAMI CT
MIAMI FL 33150
US**

11039848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0559157**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARIM, ALNOOR
16450 MIAMI DRIVE
SUITE 407
N MIAMI BEACH FL 33162**

Name **KARIM ALNOOR**
Street Address (P.O. Box Number is Not Acceptable)
**16410 MIAMI DRIVE
SUITE 407**
City **N Miami Beach FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KARIM ALNOOR KARIM**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KARIM, ALNOOR**
STREET ADDRESS **16450 MIAMI DRIVE, STE 402**
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **PD** ☐ Change ☐ Addition
NAME **KARIM, ALNOOR**
STREET ADDRESS **16410 MIAMI DR STE 407**
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **STD** ☐ Delete
NAME **KARIM, SHABIR**
STREET ADDRESS **16450 MIAMI DRIVE, STE 402**
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **STD** ☐ Change ☐ Addition
NAME **KARIM, SHABIR**
STREET ADDRESS **16410 MIAMI DR STE 407**
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (305) 759-5871
Date Daytime Phone #

CR2E034 (10/02)