

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033932

1. Entity Name

JUDI ASHWORTH, INC.

Principal Place of Business

Mailing Address

330 MIRACLE MILE
CORAL GABLES FL 33134

330 MIRACLE MILE
CORAL GABLES FL 33134-6244

2. Principal Place of Business

1401 PONCE DE LEON #302
Suite, Apt. #, etc.
302

3. Mailing Address

1401 PONCE DE LEON
Suite, Apt. #, etc.
302

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0578879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL PINO, ROGELIO A
1835 WEST FLAGLER ST.
SUITE 201
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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, 2000 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
NAME ASHWORTH JUDI
STREET ADDRESS 330 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE T
NAME ASHWORTH JUDI
STREET ADDRESS 330 MIRACLE MILE
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ASHWORTH JUDI
STREET ADDRESS 1401 PONCE DE LEON #302
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☒ Change ☐ Addition

TITLE T
NAME ASHWORTH JUDI
STREET ADDRESS 1401 PONCE DE LEON #302
CITY-ST-ZIP CORAL GABLES, FL. 33134 ☐ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90114 012 ***150.00

010109



DO NOT WRITE IN THIS SPACE