

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070975

1. Entity Name

ASHCORP, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90075 044 ***150.00

Principal Place of Business

19495 BISCAYNE BLVD.
#400
AVENTURA FL 33180
US

Mailing Address

20939 NE 37TH CT.
AVENTURA FL 33180
US

2. Principal Place of Business

20939 NE 37th Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura Fla

City & State

Zip

33180

Country

US

Zip

Country

4. FEI Number 65-0622803

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERS, ELLEN
19495 BISCAYNE BLVD.
#400
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Silvers, Ellen

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

20939 NE 37th Ct

City

Aventura

FL

Zip Code

33180

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

Ellen Silvers

[Signature]

3/28/01

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 P
NAME GOLDMAN, JAY S
STREET ADDRESS 20939 NE 37 COURT
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

TITLE
NAME
STREET ADDRESS
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
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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay S Goldman

Date

3-24-01 3059317112

Daytime Phone #

CR2E034 (10/00)