

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90059 019 ***150.00

0184731 AV

DOCUMENT # P96000004697

1. Entity Name
CHERI ASHER, P.A.



Principal Place of Business
301 N. OCEAN BLVD.
#1001
POMPANO BEACH FL 33062

Mailing Address
301 N. OCEAN BLVD.
#1001
POMPANO BEACH FL 33062



2. Principal Place of Business
3300 PALM AIRE DR. N.

3. Mailing Address
3300 PALM AIRE DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#509

#509

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH, FL

Zip
33069

Country
USA

Zip
33069

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0636334

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

ASHER, CHERYL F
301 N. OCEAN BLVD.
#1001
POMPANO BEACH FL 33062

Name

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

3300 PALM AIRE DR. N. #509

City
POMPANO BEACH

FL

Zip Code
33069

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

Cheryl F. Asher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ASHER, CHERYL F
301 E. OCEAN BLVD., #1001
POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3300 PALM AIRE DR. N #509
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Cheryl F. Asher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

954.969.0864

Daytime Phone #

CR2E034 (10/02)