

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104272

1. Entity Name
W.S.A.S. CORP.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90114 013 ***150.00

| | |
|---|---|
| Principal Place of Business 10019 NW 7TH COURT CORAL SPRINGS FL 33071 870 Coral Ridge Dr. #104 Coral Springs FL 33071 | Mailing Address C/O MENDIAURER & ASSOC PA 6301 NW 5TH WAY, SUITE 3600 FT LAUDERDALE FL 33309 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 870 Coral Ridge Dr. Suite, Apt. #, etc. 104 City & State Coral Springs, FL Zip 33071 | 3. Mailing Address 870 Coral Ridge Dr. Suite, Apt. #, etc. 104 City & State Coral Springs, FL Zip 33071 |
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| 4. FEI Number 65-0717529 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ASAR, SABRI 10019 NW 7TH COURT CORAL SPRINGS FL 33071 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code |
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ASAR, SABRI 10019 NW 7TH COURT CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: SABRI ASAR Pres. 4.12.01 954-695-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)