

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004118

1. Entity Name

FRASH, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90141 031 \*\*\*150.00

Principal Place of Business

Mailing Address

9711 S.W. 07TH ST  
PEMBROKE PINES F: 33025

P.O. BOX 816029  
HOLLYWOOD FL 33081-0029

2. Principal Place of Business

1681 NW 11th Street

3. Mailing Address

102 NE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 358

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33486

Palm Beach

Zip

Country

33432

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASHAT I NASSER  
9511 SW 7TH ST  
PEMBROKE PINES FL 33025

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

Frank Sacco

1/29/00

Signature of officer 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SACCO, FRANK	
STREET ADDRESS	5735 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	NASSER, NASHAT	
STREET ADDRESS	9711 S.W. 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** Frank Sacco

Date

Daytime Phone #

561-417-8513  
1-29-00

CR2E034 (9/99)