

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P97000004118**

1. Entity Name

**FRASH, INC.**

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.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33486

~~Palm Beach~~

Zip

Country

~~33432~~

~~Palm Beach~~

4. FEI Number

65-0719283

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

**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 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.

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)