2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am DOCUMENT # **P97000004118 Secretary of State** 1. Entity Name 02-01-2001 90088 026 ***150.00 FRASH, INC. Principal Place of Business Mailing Address 102 NE 2ND ST 1681 NW 11TH ST UUULTAIV **BOCA RATON FL 33486** BOX 358 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0719283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASHAT T- NASSER NASHAT I NASSER Street Address (P.O. Box Number is Not Acceptable) 9511 SW 7TH ST 5005 NW 58 Terrace PEMBROKE PINES FL 33025 Coral Springs, FL 33067 Zip Code FL 8. The above named entity submits s stateme<u>nt for the purpo</u>se of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Frank Sacco FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE P TITLE ☐ Delete Change ☐ Addition NAME NAME SACCO, FRANK SACCO, FRANK STREET ADDRESS STREET ADDRESS **5735 HAYES STREET** 1681 NW 11th Street CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Boca Raton, FL 33486 Change Addition TITLE ☐ Delete TITLE S NAME NAME NASSER, NASHAT NASSER, NASHAT 5005 NW 58 Terrace STREET ADDRESS STREET ADDRESS 9711 S.W. 7TH STREET CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33025 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 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 of trueted 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 attachm with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR