

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90234 025 \*\*\*150.00

0192465 AV

**DOCUMENT # P97000049141**

1. Entity Name  
**SHARON ASLANIAN, P.A.**



Principal Place of Business  
**C/O REMAX PARTNERS  
3111 N. UNIVERSITY DR.  
CORAL SPRINGS FL 33065**

Mailing Address  
**C/O REMAX PARTNERS  
3111 N. UNIVERSITY DR  
CORAL SPRINGS FL 33065**



2. Principal Place of Business  
**4602 N.W. 7th Place**

3. Mailing Address  
**4602 N.W. 7th Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Deerfield Beach, FL**

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**Deerfield Beach, FL**

4. FEI Number **65-0758429**

Applied For  
Not Applicable

Zip **33442** Country **USA**

Zip **33442** Country **USA**

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

**ASLANIAN, SHARON  
REMAX PARTNERS  
3111 UNIVERSITY DRIVE, S111  
CORAL SPRINGS FL 33065**

Name  
**Sharon Aslanian**  
Street Address (P.O. Box Number is Not Acceptable)  
**4602 N.W. 7th Place**  
City  
**Deerfield Beach** FL Zip Code  
**33442**

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

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

(NOTE: Registered Agent signature required when reinstalling)

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 **D** ☐ Delete  
NAME **ASLANIAN, SHARON**  
STREET ADDRESS **3111 N. UNIVERSITY DR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Change ☐ Addition  
NAME **Aslanian, Sharon**  
STREET ADDRESS **4602 N.W. 7th Place**  
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Sharon Aslanian P.A.* 4-28-03 954-7314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)