

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 016 ***158.75

DOCUMENT # P970000494D6

1. Entity Name

ASAR, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 NE 36th Street

Suite, Apt. #, etc.

3. Mailing Address

15689 N.W. 12th Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lighthouse Point, FL

City & State

Pembroke Pines FL

4. FEI Number

65-0758774

Applied For

Not Applicable

Zip

Country

33064 BROWARD

Zip

Country

33028 BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Albert N. Zaghbi

Street Address (P.O. Box Number is Not Acceptable)

15689 N.W. 12th Rd

Pembroke Pines FL

City

Pembroke Pines

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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

Albert N. Zaghbi, Pres. 2-17-2002

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Treasurer, U.R.
Albert N. Zaghbi
15689 N.W. 12th Rd
Pembroke Pines FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert N. Zaghbi, Pres. 2-17-2002 (AS4) 562-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)