

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90023 004 \*\*\*150.00

**DOCUMENT # P97000063360**

1. Entity Name

**ASON MANAGEMENT, INC.**

Principal Place of Business

**200 E LAS OLAS BLVD  
 STE 2050  
 FT. LAUDERDALE FL 33301-2209  
 US**

Mailing Address

**200 E LAS OLAS BLVD  
 STE 2050  
 FT. LAUDERDALE FL 33301-2209  
 US**

**903942**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0776270**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BRINKLEY, MICHAEL  
 200 E. LAS OLAS BLVD.  
 SUITE 1800  
 FT. LAUDERDALE FL 33301-2209**

Name

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

**200 E. LAS OLAS BLVD., SUITE 1900**

City

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

Signature, typed 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>						
	<b>MOLLER, ANDERS</b>						
	<b>200 E LAS OLAS BLVD STE 2050</b>						
	<b>FT. LAUDERDALE FL 33301-2209</b>						
	<b>D</b>						
	<b>LU, FUMIN</b>						
	<b>200 E LAS OLAS BLVD STE 2050</b>						
	<b>FT. LAUDERDALE FL 33301-2209</b>						

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Block 12 if changed, or on an attachment with an address only or other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDERS MOLLER**

4/29/01

954-524-0601

CR2E034 (10/00)