

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90025 023 ***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

2. Principal Place of Business
ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 125

City & State
FT. LAUDERDALE FL

Zip
33394-0063

Country
USA

3. Mailing Address
ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 125

City & State
FT. LAUDERDALE FL

Zip
33394-0063

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0776270**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRINKLEY, MICHAEL
200 E. LAS OLAS BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301-2209

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLER, ANDERS 200 E LAS OLAS BLVD STE 2050 FT. LAUDERDALE FL 33301-2209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LU, FUMIN 200 E LAS OLAS BLVD STE 2050 FT. LAUDERDALE FL 33301-2209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza Suite 125 Ft. Lauderdale, FL 33394-0063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza Suite 125 Ft. Lauderdale, FL 33394-0063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 954524-0601

Date Daytime Phone #

CR2E034 (9/01)