

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90030 036 ***150.00

DOCUMENT # P97000064413

1. Entity Name

ASARCH FAMILY ENTERPRISES, INC.

00070233



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O STEVEN J ASARCH PA
~~7777 GLADES ROAD STE 200~~
~~BOCA RATON FL 33434~~

C/O STEVEN J ASARCH PA
~~7777 GLADES ROAD STE 200~~
~~BOCA RATON FL 33434-4150~~

2. Principal Place of Business

3. Mailing Address

2385 Executive Center Dr.

2385 Executive Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

Suite 250

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33431

USA

33431

USA

4. FEI Number

65-0773709

Applied For

Not Applicable

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

ASARCH, STEVEN J

~~7777 GLADES ROAD STE 200~~
~~BOCA RATON FL 33434~~

Name

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

2385 Executive Center Drive

Suite 250

City

Boca Raton

FL

Zip Code

33431

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ASARCH, STEVEN J	
STREET ADDRESS	7140 LIONS HEAD LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASARCH, GAIL M	
STREET ADDRESS	7140 LIONS HEAD LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Steven J. Asarch

4-15-2000

561-

995-941

CR2E034 (9/99)