

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000095776**

1. Entity Name  
**ASZCO, INC.**



Principal Place of Business  
22905 SR 7  
BOCA RATON FL 23342  
US

Mailing Address  
22905 SR 7  
BOCA RATON FL 33428

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

4. FEI Number **65-0797151**  Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**COHEN, SETH I**  
2500 N MILITARY TR  
STE 111  
BOCA RATON FL 33431

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. 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 reinstating)

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**

TITLE **D**  Delete  
NAME **ZIMMELMAN, SIDNEY A**  
STREET ADDRESS **23440 SERENE MEADOW DRIVE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33428**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D**  Change  Addition  
NAME **ZIMMELMAN, HILARY**  
STREET ADDRESS **23440 SERENE MEADOW DRIVE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Delete  
NAME **ZIMMELMAN, SIDNEY A**  
STREET ADDRESS **23440 SERENE MEADOW DRIVE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Change  Addition  
NAME **ZIMMELMAN, HILARY**  
STREET ADDRESS **23440 SERENE MEADOW DRIVE SOUTH**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Delete  
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CITY-ST-ZIP **BOCA RATON FL 33428**

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CITY-ST-ZIP **BOCA RATON FL 33428**

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.

CR2E034 (10/02)

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-13-03*

Date

Daytime Phone #