

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90008 019 ***158.75

0320196 AV

DOCUMENT # P98000001982

1. Entity Name

HINA ASKARI, ESQ., P.A.

Principal Place of Business

**7000 WEST OAKLAND PARK BLVD.
 #302
 FT. LAUDERDALE FL 33313**

Mailing Address

**7000 WEST OAKLAND PARK BLVD.
 #302
 FT. LAUDERDALE FL 33313**



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

65-0803390

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

ASKARI, HINA

**(7771 WEST OAKLAND PARK BLVD., STE. 137)
 SUNRISE FL 33351**

Please change Address only

Name

HINA ASKARI

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

7000 WEST OAKLAND PARK BLVD, # 302

City

FT LAUDERDALE

FL

Zip Code

33313

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ASKARI, HINA**
 STREET ADDRESS **7000 WEST OAKLAND PARK BLVD. #302**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33313**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hina Askari **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02

Date

954-749-4061

Daytime Phone #

CR2E034 (9/01)