

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90021 021 ***150.00

DOCUMENT # P98000010234

1. Entity Name
ASMAT INTERNATIONAL, INC.

Principal Place of Business

220 SW 18 AVENUE APT. 7
MIAMI FL 33135

Mailing Address

220 SW 18 AVENUE APT. 7
MIAMI FL 33135

220/15 S.W. 128 CT

2. Principal Place of Business

Suite, Apt. #, etc.
MIAMI FLORIDA

3. Mailing Address

220/15 S.W. 128 CT

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

4. FEI Number

65-0811880

Applied For

Not Applicable

Zip

33170

Country

MIAMI

Zip

33170

Country

MIAMI

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

ASMAT, JUAN S
220 SW 18 AVENUE APT. 7
MIAMI FL 33135

Name **ASMAT, JUAN S**

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

220/15 S.W. 128 CT

City **MIAMI**

FL

Zip Code

33170

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/15/02

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 **PD** ☐ Delete
NAME **ASMAT, JUAN S**
STREET ADDRESS **220 SW 18 AVENUE APT. 7**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME **ASMAT, JUAN S**
STREET ADDRESS **220/15 SW 128 CT**
CITY-ST-ZIP **MIAMI, FL. 33170**

TITLE **STD** ☐ Delete
NAME **ASMAT, MIRTHA C**
STREET ADDRESS **220 SW 18 AVENUE APT. 7**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME **ASMAT, MIRTHA C**
STREET ADDRESS **220/15 S.W. 128 CT**
CITY-ST-ZIP **MIAMI, FL. 33170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

Daytime Phone #

CR2E034 (9/01)