Feb 10, 2002 8:00 am

CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

P98000027528 DOCUMENT # **Secretary of State** 1. Entity Name 02-10-2002 90012 050 ***150.00 ASIAGO, INC. Principal Place of Business Mailing Address 102250 OVERSEAS HIGHWAY 99696 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0824467 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPINO, JAMES S Street Address (P.O. Box Number is Not Acceptable) 90130 OLD HIGHWAY TAVERNIER FL 33070 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete **BOILINI, JAMES** NAME NAME STREET ADDRESS 102250 OVERSEAS HIGHWAY STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition D ☐ Delete TITLE ☐ Change TITLE GANIM, LEE G NAME 102250 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP Delete TIŤLE ☐ Change ☐ Addition TITLE ---NAME GANIM, DONALD E NAME STREET ADDRESS STREET ADDRESS 102250 OVERSEAS HIGHWAY CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition TITLE ☐ Delete TITLE CIANCIOLO; CAROL A NAME NAME STREET ADDRESS STREET ADDRESS 102250 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL 33037 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered to the corporation of the receiver of trustee empowered to the corporation or the receiver of trustee empowered to the corporation or the receiver of trustee empowered to the corporation or the receiver of trustee empowered to the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corp es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if