

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104847

1. Entity Name

ASAL PRODUCTS, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90023 013 \*\*\*150.00

Principal Place of Business Mailing Address  
2929 E. COMMERCIAL BLVD., STE. 208 2929 E. COMMERCIAL BLVD., STE. 208  
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4218

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 65-088575

Applied For  
Not Applied

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

LANGE & LANGE, P.A.  
7 S.E. 13TH ST.  
FT. LAUDERDALE FL 33062

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.

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 PD  
NAME STIER, BERND  
STREET ADDRESS LAUBENGASSE 2  
CITY-ST-ZIP DE-77654 OFFENBURG GERMANY

TITLE VD  
NAME ASEL, OLIVER  
STREET ADDRESS FRAUENSTEIGSTR 20  
CITY-ST-ZIP 79256 BUCHENBACH GERMANY

TITLE SD  
NAME JUNKER, MARTIN  
STREET ADDRESS MAIERBUNDTWEG 8  
CITY-ST-ZIP 77746 SCHUTTERWALD GERMANY

TITLE TD  
NAME WURTH, RALF  
STREET ADDRESS ALEMANNENSTRASS 9  
CITY-ST-ZIP DE-77743 NERIEDICHENHEIM GER

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-16-2000 954384-2343