

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90122 035 ***150.00

DOCUMENT # P98000104847

1. Entity Name

ASAL PRODUCTS, INC.

Principal Place of Business

2929 E. COMMERCIAL BLVD., STE. 208
 FT. LAUDERDALE FL 33308

Mailing Address

2929 E. COMMERCIAL BLVD., STE. 208
 FT. LAUDERDALE FL 33308

2. Principal Place of Business

ONE EAST Broward BLVD

Suite, Apt. #, etc.

Suite 1501

City & State

Fort-lauderdale Fl.

Zip 33301

Country Broward

3. Mailing Address

Suite 1501

Suite, Apt. #, etc.

City & State

Fort-lauderdale Fl.

Zip 33301

Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LANGE & LANGE, P.A.

7 S.E. 13TH ST.

FT. LAUDERDALE FL 33062

7. Name and Address of New Registered Agent

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 (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

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

TITLE VD
 NAME ASEL, OLIVER
 STREET ADDRESS 3269 BOISE WAY
 CITY-ST-ZIP HOLLYWOOD FL 33026 ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

CR2E034 (9/01)