

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 12 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

998000104847

ASAL-PRODUCTS, INC.

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-07/16/02--01041--013

*****70.00 *****70.00

2. Principal Place of Business

1 E. BROWARD BLVD.

3. Mailing Address

1 E. BROWARD BLVD.

Suite, Apt. #, etc.

1501

Suite, Apt. #, etc.

1501

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33301

Country

FLORIDA

Zip

33301

Country

FLORIDA

4. FEI Number

65-0888575

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STEPHAN P. LANGE

Street Address (If No. Number is Not Acceptable)

ATTORNEY AT LAW

7 SOUTHEAST 13th STREET

City FT. LAUDERDALE

FL

Zip 33316

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 consenting)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
BERND OTTO STIER
LAUBENGASSE 2
77634 OFFENBURG/GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RALF WURTH
RHEINSTR. 7
77474 MEISSENHEIM/GERMANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEONARD KINKER
2929 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL-33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OLIVER AET E
18640 E. 18th STREET
PENSACOLA, FL-33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

02/07/02

7/12/02

CR2E034B (12/01)