

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090287

1. Entity Name

ASSET ABILITY, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90016 032 ***150.00

Principal Place of Business

12164 NORTHWEST 33RD STREET
CORAL SPRINGS FL 33065

Mailing Address

12164 NORTHWEST 33RD STREET
CORAL SPRINGS FL 33065

2. Principal Place of Business

10 Parkway Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

117

City & State

Duckfield Beach FL

City & State

Zip

Country

Zip

33441 Broward

4. FEI Number

65-0962064

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 FRITSCH, LAUREL
STREET ADDRESS 12164 NORTHWEST 33RD STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ~~37D~~ President ☐ Delete
NAME VOLK, SHIMEHA
STREET ADDRESS 12164 NORTHWEST 33RD STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME Volk, Shimeha
STREET ADDRESS 12164 NW 33rd St
CITY-ST-ZIP Coral Springs FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00
Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc#: P9900000910287
A0078719

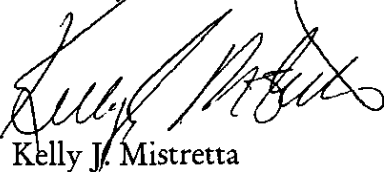
September 12, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Division of Corporations,

Enclosed is my Uniform Business Report. We are a new corporation almost 1 year new, and have never filed a report. The forms arrived in our office in August which said second notice. We never receive the first one. I am asking that we are able to pay the fee of \$150.00 which is enclosed unstead of the late fee. Thank you very much for your consideration.

Sincerely,



Kelly J. Mistretta