

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90503 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *S 41847*

1. Entity Name

ASHER SHAHAR, INC ✓

DO NOT WRITE IN THIS SPACE

118216

2. Principal Place of Business

20120 NE 10th Pl

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MIAMI FL

City & State

4. FEI Number

650252749

Applied For

Not Applicable

33179

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Asher Shahar

Street Address (P.O. Box Number is Not Acceptable)

20120 NE 10th Pl

City

MIAMI

FL

Zip Code

33179

DO NOT WRITE IN THIS SPACE

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 this if applicable

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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
*Asher Shahar
20120 NE 10th place
MIAMI, FL 33179*

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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)(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

AS

4/10/02 9549817460

Date

Daytime Phone #