

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46311

1. Entity Name

ASSET RESEARCH & REPORTING, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90087 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1040 NE 54TH AVE.~~  
~~MARGATE FL 33069~~

1946 NE 54TH AVE.  
MARGATE FL 33061-0526

2. Principal Place of Business

1040 S.W. 46th Avenue

3. Mailing Address

P.O. Box 526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33069

Broward

33061

Broward

4. FEI Number

65-0259390

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

KAMINSKI, ROBERT  
1946 NE 54 AVENUE  
MARGATE FL 33063

Name

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

1040 S.W. 46TH AVENUE  
#202

City

Pompano Beach,

FL

Zip Code

33069

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	ST	<input type="checkbox"/> Delete
NAME	KAMINSKI, ROBERT	
STREET ADDRESS	1046 NW 54TH AVE	
CITY-ST-ZIP	MARGATE FL 01	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAMINSKI, ROBERT	
STREET ADDRESS	1046 NW 54TH AVE.	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. KAMINSKI	
STREET ADDRESS	1040 S.W. 46TH AVE #202	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. KAMINSKI	
STREET ADDRESS	1040 S.W. 46TH AVE. #202	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert F. Kaminski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROBERT F. KAMINSKI

4-8-00

Date

(954) 969-1643

Daytime Phone #

CR2E034 (9/99)