

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90225 039 ***158.75

DOCUMENT # S71197

1. Entity Name
AMRASH CORPORATION

Principal Place of Business
**1704 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US**

Mailing Address
**1704 PONCE DE LEON BLVD
CORAL GABLES FL 33134
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0275811**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHARMA, SUDHAKAR
6611 SW 72 STREET
MIAMI FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
SHARMA, SUDHAKAR
6611 SW 72 ST
MIAMI FL 33143** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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 REQUIRED

8-7-02 305-666-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment

MINUTEMAN PRESS

1704 Ponce de Leon Blvd.
Coral Gables, FL 33134

Tel: (305) 666-8004

Fax: (305) 666-2151

974060

#57197

8.7.02

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500.

Tallahassee, AL 32302-1500

Dear Sir,

We are here with filing 2002 UBR.
we apologise for the delay.

I had to visit India to take care
of the family in difficulty due to
potential threat of war with the neighboring
country Pakistan. As such I could
not pay attention to some of the
administrative matters.

We appreciate your sympathetic
consideration of our request to waive
off the late fee.

Thank you.