

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90123 015 ***150.00

DOCUMENT # S83303

1. Entity Name
ASHLY ENTERPRISES LTD., INC.

LA

Principal Place of Business
**2860 AZALEA DR
 COOPER CITY FL 33026**

Mailing Address
**9680 PINES BLVD
 PEMBROKE PINES FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
9860 Pines Blvd.
 Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

4. FEI Number **65-0292143**
 Applied For
 Not Applicable

Zip **33024** 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

**NIX, MARIE
 2860 AZALEA DR
 COOPER CITY FL 33026**

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 12, 2001 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	D	<input type="checkbox"/> Delete
NAME	NIX, MARIE	
STREET ADDRESS	2860 AZALEA DR	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/01 *(954) 431-8805*
 Date Daytime Phone #

CR2E034 (5/01)

ASHLY ENTERPRISES

Attachment
S83303

A0076488

Thursday, July 05, 2001

Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document# S83303

To Whom It May Concern:

Per your representative's instruction, I am formally requesting that the \$400.00 late fee be waived for the following reason: On my 2000 Annual Report, I requested my mailing address be changed to 9860 Pines Blvd., but when someone in your office changed the information, they transposed the address to 9680 Pines Blvd. Due to this error, I never received my initial UBR. The only reason I received the second notification is because the mailman recognized my business name and personally delivered it to me.

Enclosed you will find a check in the amount of \$150.00 which represents the fee that should have been paid originally if there had not been an error by your office. Also, please insure that the correct mailing address is 9860 Pines Blvd.

Sincerely,


Marie Nix
Director/President