

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26093

1. Entity Name

ASHFORD, INC.

Principal Place of Business

2875 NE 191 ST
PHI
AVENTURA FL 33180
US

Mailing Address

P.O. BOX 630817
MIAMI FL 33163-0817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0331212

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

PREMIER ASSET MGT
2100 PARK CENTRAL BLVD N
STE 900
POMPANO BEACH FL 33064

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 \$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 PD ☐ Delete
NAME AZOUT, JACK
STREET ADDRESS 3802 NE 207 ST. #1502
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE PD ☒ Change ☐ Addition
NAME Jack Azout
STREET ADDRESS 2875 NE 191 ST PH 1
CITY-ST-ZIP Aventura, FL 33180

TITLE SD ☐ Delete
NAME AZOUT, GILDA
STREET ADDRESS 3802 NE 207 ST #1502
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD ☒ Change ☐ Addition
NAME Gilda Azout
STREET ADDRESS 2875 NE 191 ST PH 1
CITY-ST-ZIP Aventura, FL 33180

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

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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

Date

Daytime Phone #

FILED

00 JAN 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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1/12/00 (305) 935-5173