

- AMENDED -

05-18-2002 90063.00E ***245.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP 24 PM 12:01
B01000063058

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

DOCUMENT # **P01000063058**

1. Entity Name:

ASMAR OF FLORIDA II, INC. - NK 9/17/02

DO NOT WRITE IN THIS SPACE

99615

2. Principal Place of Business
10108 Industrial Drive

3. Mailing Address
P.O. Box 410747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pineville, NC

City & State
Charlotte, NC

4. FEI Number
59-3736245

Applied For
Not Applicable

Zip
28134

Country
USA

Zip
28241

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Benjamin M. Abdallah

Street Address (P.O. Box Number is Not Acceptable)
6278 Aventura Drive

City

Sarasota

FL

Zip Code
34241

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

Benjamin M. Abdallah

Signature, typed or printed name of registered agent and fee is applicable.

(NOTE: Registered Agent signature required when re-issuing)

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 \$81.25
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-STATE-ZIP
Chairman of the Board	W. Revel Bellamy	10108 Industrial Drive	Pineville, NC 28134
President	Erika W. Quirk	4140 NW 27th Lane, Ste. F	Gainesville, FL 32606
Vice President, Secretary	Lee E. Ellison	10108 Industrial Drive	Pineville, NC 28134

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #

CR2E034B (12/01)

9/24/02
PD