

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90160 048 ***150.00

DOCUMENT # F00000003552

1. Entity Name

ASIA DIRECT INTERNATIONAL CORP.

Principal Place of Business

**6065 N.W. 167TH STREET, SUITE B7
 MIAMI FL 33015**

Mailing Address

**6065 N.W. 167TH STREET, SUITE B7
 MIAMI FL 33015**

2. Principal Place of Business

8901 NW 33RD ST

3. Mailing Address

8901 NW 33RD ST

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

SUITE 150

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

4. FEI Number

65-1014859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, LLC
 5200 BLUE LAGOON DRIVE, SUITE 700
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

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, 2002 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 **DP** ☐ Delete
 NAME **SULTAN, CARLOS**
 STREET ADDRESS **CALLE LOS ANGELES, EDIFICIO BONACA, PISO 3**
 CITY-ST-ZIP **URB. LA TRINIDAD CARACAS**

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

TITLE **DT** ☐ Delete
 NAME **SULTAN, SIMON**
 STREET ADDRESS **CALLE LOS ANGELES, EDIFICIO BONACA, PISO 3**
 CITY-ST-ZIP **URB. LA TRINIDAD CARACAS**

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

TITLE **DS** ☐ Delete
 NAME **COHEN, ISAAC**
 STREET ADDRESS **6065 N.W. 167TH STREET, SUITE B7**
 CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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 #

CR2E034 (9/01)