

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90078 049 ***550.00

0156268 IN

DOCUMENT # F02000004867

1. Entity Name
CAPITAL CROSSING ASIA, INC



Principal Place of Business
**BPI BUENDIA CENTER SENATOR GIL PUYAT AVE
2ND FL
MAKATI CITY 1200 PHILIPPINES
OC**

Mailing Address
**BPI BUENDIA CENTER SENATOR GIL PUYAT AVE
2ND FL
MAKATI CITY 1200 PHILIPPINES
OC**

2. Principal Place of Business

3. Mailing Address

225 Townpark Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 425

City & State

City & State

KENNESAW, GA

Zip

Country

30144

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
CHEN, EDWARD L
2655 NIBLICK WAY
DULUTH GA 30097**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
MCCUE, DANIEL
3463 MILL BRIDGE DRIVE
MATIETTA GA 30062**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)