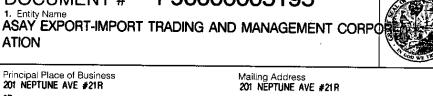
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F96000005195 **DOCUMENT #**

ASAY EXPORT-IMPORT TRADING AND MANAGEMENT CORPO **ATION**



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90079 014 ***150.00

70024487

BROOKLYN NY 11235 US 2Principal Place of Business Suite, Apt. #, etc.		US 3. Ma Suit	BROOKLYN NY 11235			-	☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State			4	4. FEI Number 11-3300127					pplied For ot Applicable	
Zip Country			Zip Country		У	5	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						. 7	. Name ar	nd Address of N	lew Registe		•		
ASLAN, S						Name Street Address (P.O. Box Number is Not Acceptable)							
,	Lywood St H Gardens FL:33418		Street Address				. BOX NUM	ber is Not Accep	nablej				
TALIII DOTT GARDENS PE 334 16													
					City		16				Zip Cod		
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 o	registered agent and title if app	licable. (NOTE:	: Registered A	gent signature	e required when	n reinstating)	-		ATE	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaig		g	\$5.0 Addec	0 May Be I to Fees	
10 - >		FICERS AND DIRECTO	RS	11.			ADDITIONS	S/CHANGES TO	OFFICERS	AND DIR	ECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ASLAN, SUAT 6354 HOLLYWOOD S PALM BCH GARDENS		☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP		-	<u></u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16		☐ Delete	TITLE NAME STREET A					3.00		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AI CITY-ST-							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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR