

# LLC

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011663

1. Entity Name

ASIAN Promotional Business Development LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 27 AM 11:06

W  
9/8

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5904 Carriage Drive.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

Zip

Country

Zip

Country

34243

MANATEE

4. FFI Number

01-0691226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

3623 W. Kennedy Blvd.

City

TAMPA,

FL

ZIP Code

33609

**DO NOT WRITE IN THIS SPACE**

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 relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: PRESIDENT MGRM  
NAME: DONALD CROWLEY  
STREET ADDRESS: 5904 CARRIAGE DRIVE  
CITY-ST-ZIP: SARASOTA FL 34243

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 100020294021  
06/02/03--01014--001 \*\*100.00

TITLE: VICE PRESIDENT MGRM  
NAME: LEE YANG  
STREET ADDRESS: 100 WINSTON DR APT 11-B-N  
CITY-ST-ZIP: CLIFFSIDE PARK N.J. 07010

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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

SIGNATURE:

Don Crowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28 74 03 941 359 6813

Date

Daytime Phone #

CR2E034B (12/02)