

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016431 AB

DOCUMENT # L95000000447

1. Entity Name
U S ASIA DIRECT L.C.

00 MAY -1 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15032 7TH AVENUE NW
ANOKA MN 55304

Mailing Address
15032 7TH AVENUE NW
ANOKA MN 55304-2849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1813489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, HEATHER
6537 NW 31ST WAY
BOCA RATON FL 33496

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME STEPHENS, RALPH E
STREET ADDRESS 15032 7TH AVENUE NW
CITY- ST- ZIP ANOKA MN 55304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
300003256749--8
-05/18/00--01016--022
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME STEPHENS, FLORENCE L
STREET ADDRESS 15032 7TH AVENUE NW
CITY- ST- ZIP ANOKA MN 55304 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH E STEPHENS 4/23/00 763422 6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)