

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00286339

AF

DOCUMENT # **L95000000447**

1. Entity Name

U S ASIA DIRECT L.C.

01 APR 20 AM 9: 54

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1813489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500004084875--1
-04/27/01--01049--012
*****50.00** ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/01 763 422 6886

CR2E083 (11/00)