

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003181

1. Entity Name

"FRIENDS" OF ASIAN AMERICANS INC.

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90728 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9450 SUNSET DRIVE SUITE 200B  
MIAMI FL 33173

9450 SUNSET DRIVE SUITE 200B  
MIAMI FL 33173

00122664

2. Principal Place of Business

3. Mailing Address

900 16<sup>th</sup> Street

900 16<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33139

USA

33139

USA

4. FEI Number

65-1118050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALSARA, NARI  
9450 SUNSET DRIVE SUITE 200B  
MIAMI FL 33173

Name Laura Monilla

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

900 16<sup>th</sup> Street

Apt. 203

City Miami Beach

FL

Zip Code

33139

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.

Laura Monilla, President

(NOTE: Registered Agent signature required when reinstating)

05/21/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MORILLA, LAURA ESQ  
STREET ADDRESS 900 16TH STREET #203  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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

TITLE SD  
NAME CHOI, HEUI YOUNG ESQ  
STREET ADDRESS 8121 SW 140TH TERRACE  
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE TD  
NAME BALSARA, NARI  
STREET ADDRESS 9450 SUNSET DRIVE SUITE 200B  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/21/02 (305) 375-4967

CR2E037 (9/01)