

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90008 046 \*\*\*\*61.25

**DOCUMENT # N99000001587**

1. Entity Name

**THE ASIAN PACIFIC FILM FESTIVAL OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 16515  
 PLANTATION FL 33318-6515

P.O. BOX 16515  
 PLANTATION FL 33318-6515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0909758**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** 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

**WILLIAMS, BERYL**  
**7509 NW 3 STREET**  
**PLANTATION FL 33317**

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 \$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	DC	<input type="checkbox"/> Delete
NAME	<b>KHAN, HUSMAN</b>	
STREET ADDRESS	<b>11550 NW 20 ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33323</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, BERYL</b>	
STREET ADDRESS	<b>7509 NW 3 ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>POON, CRYSTAL</b>	
STREET ADDRESS	<b>17335 NW 67 PL. #1</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	<b>COLON, PETER</b>	
STREET ADDRESS	<b>1859 N. PINE ISLAND RD., STE. 201</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY-DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEAH S. JAFFE</b>	
STREET ADDRESS	<b>8000 EAST DR. #106</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141-4160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Leah S. Jaffe **LEAH S. JAFFE** 4/18/00 305-757-0539  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)