

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90018 037 ***150.00

DOCUMENT # P000000 91587

1. Entity Name

USAsia Connect Inc ✓

Principal Place of Business

10116 Springtree Ct.
 Tampa FL 33615

Mailing Address

10116 Springtree Ct
 Tampa FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3670938

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

PATEL MUKESH

Name

10116 Springtree Ct
 Tampa FL 33615

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	PSO	<input type="checkbox"/> Delete
NAME	PATEL MUKESH	
STREET ADDRESS	10116 SPRINGTREE CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	BRUCE SCHWACK	
STREET ADDRESS	2450 HOPE LANE,	
CITY-ST-ZIP	PBQ FL 33410	
TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Paul Satterthwaite	
STREET ADDRESS	1136 SE. CHARLES PL.	
CITY-ST-ZIP	CAMEL IN 46033	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Secretary/Dirctor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel Mukesh	
STREET ADDRESS	10116 Springtree Ct	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN HIRSCH	
STREET ADDRESS	2450 HOPE LANE	
CITY-ST-ZIP	PBQ, FL 33410	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUKESH N. PATEL

Date

2/7/01

Daytime Phone #

813-882-0797

CR2E037 (11/00)