

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90483 004 ***158.75

0170242

DOCUMENT # P00000095041

1. Entity Name
ASIAN TREASURES INC.

Principal Place of Business Mailing Address
 [REDACTED] [REDACTED]

2. Principal Place of Business 3. Mailing Address
155 NE 38TH STREET **155 NE 30TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**
 Zip Country Zip Country
33137 **USA** **33137** **USA**

4. FEI Number Applied For
65-1057856 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
HAMBLEY, RICHARD
 [REDACTED] **345 OCEAN DR.**
APT. #623
MIAMI BEACH
FL 33139

7. Name and Address of New Registered Agent
 Name **SAME**
 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 **RICHARD HAMBLEY** *Richard Hambley* **01-15-01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Delete
NAME	HAMBLEY, RICHARD
STREET ADDRESS	800 WEST AVENUE #540
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	[REDACTED] <input type="checkbox"/> Delete
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]
TITLE	[REDACTED] <input type="checkbox"/> Delete
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]
TITLE	[REDACTED] <input type="checkbox"/> Delete
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]
TITLE	[REDACTED] <input type="checkbox"/> Delete
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[REDACTED] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL NOA
STREET ADDRESS	155 NE 38 ST.
CITY-ST-ZIP	MIAMI FL 33137
TITLE	[REDACTED] <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]
TITLE	S-T. RICHARD HAMBLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HAMBLEY
STREET ADDRESS	345 OCEAN DRIVE APT #623
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	[REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	[REDACTED]
STREET ADDRESS	[REDACTED]
CITY-ST-ZIP	[REDACTED]

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD HAMBLEY** *Richard Hambley ST.* **01-15-01 305 571 9292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)