

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90040 043 ***150.00

DOCUMENT # P01000031905

1. Entity Name
ASIAN-AMERICAN FOUNDATION, INC.

Principal Place of Business

1625 EAGLE BEND
WESTON FL 33327

Mailing Address

1625 EAGLE BEND
WESTON FL 33327

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

65-1133555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

VIVEK K. SWAROOP

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

9626 NW 48th St

City

Sunrise

FL

Zip Code

33357

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 PD ☐ Delete
NAME CURTISS, JACK
STREET ADDRESS 1625 EAGLE BEND
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☐ Delete
NAME AGRAWAL, PIYUSH C
STREET ADDRESS 1625 EAGLE BEND
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☒ Delete
NAME LAI, JUDITH
STREET ADDRESS 1625 EAGLE BEND
CITY-ST-ZIP WESTON FL 33327

TITLE CHRM ☐ Delete
NAME AGRAWAL, PIYUSH C
STREET ADDRESS 1625 EAGLE BEND
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIR ☐ Change ☒ Addition
NAME VIVEK K SWAROOP
STREET ADDRESS 9626 NW 48th St
CITY-ST-ZIP Sunrise, FL-33357

TITLE DIR ☐ Change ☒ Addition
NAME L GEORGE YAP
STREET ADDRESS 2450 NW 76th Street
CITY-ST-ZIP Miami, FL-33147

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

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

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

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 954-253-8199
 Date Daytime Phone #

CR2E034 (9/01)