

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90190 003 ***150.00

0369650 AV

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SWAROOP, VIVEK K
9626 NW 48 STREET
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURTISS, JACK	
STREET ADDRESS	1625 EAGLE BEND	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AGRAWAL, PIYUSH C	
STREET ADDRESS	1625 EAGLE BEND	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAI, JUDITH	
STREET ADDRESS	1625 EAGLE BEND	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	CHRM	<input type="checkbox"/> Delete
NAME	AGRAWAL, PIYUSH C	
STREET ADDRESS	1625 EAGLE BEND	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAROOP, VIVEK K	
STREET ADDRESS	9626 NW 48 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	YAP, L. GEORGE	
STREET ADDRESS	2450 NW 76 STREET	
CITY-ST-ZIP	MIAMI FL 33147	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1229 SW 6th Ave	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
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		
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 607, 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

4.22.03

(784) 246-2194

Date

Daytime Phone #

CR2E034 (10/02)