

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90014 021 ***150.00

DOCUMENT # P94000000333

1. Entity Name

ASIAN ATLANTIC CONNECTION CORPORATION

Principal Place of Business

200 NW 25TH ST

#4

FT LAUDERDALE FL 33311

US

Mailing Address

200 NW 25TH ST

#4

FT LAUDERDALE FL 33311

US

2. Principal Place of Business

216-NW-25STR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box - 5346

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT - LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0754043

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33310

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASIF, KHAN

200 NW 25TH ST

#4

FT LAUDERDALE FL 33311

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.

SIGNATURE

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. (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	D	<input checked="" type="checkbox"/> Delete
NAME	SHARIEFF, SYED A	
STREET ADDRESS	200 NW 25TH ST #4	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASIF, KHAN	
STREET ADDRESS	200 NW 25TH ST #4	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 (954) 557-5861

Date

Daytime Phone #

CR2E034 (9/01)