

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103278

1. Entity Name

ASIAN FOODS DIRECT INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90177 017 ***150.00

Principal Place of Business

Mailing Address

2900 W. SAMPLE RD.

P.O. BOX 19904

201

W. PALM BEACH FL 33416-4904

W. PALM BEACH FL 33073

2. Principal Place of Business

2900 W. SAMPLE RD.

3. Mailing Address

P.O. Box 19904

Suite, Apt. #, etc.

FM201

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

W PALM BEACH, FL

Zip

33073

Country

Zip

33416

Country

4. FEI Number

65-0715500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SURAGARN, USAR
6157 RALEIGH ST.
1410
ORLANDO FL 32835

Name

SURAGARN, USAR

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

982 SEVILLA CIRCLE

City

NESTON

FL

Zip Code

33326

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

Usar Suragarn

USAR SURAGARN

4/25/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS SURAGARN, USAR
CITY-ST-ZIP 135-210 YACHT CLUB WAY
HYPOLUXO FL 33462

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS FOSS, G
CITY-ST-ZIP 111-309 YACHT CLUB WAY
HYPOLUXO FL 33462

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Usar Suragarn

USAR SURAGARN

4/25/2000 (954)978-7543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)