

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000009700**

1. Entity Name

ASIA AMERICAN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box # 48594

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box # 48594

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

EE 33743

Country

PINELLAS

City & State

ST. PETERSBURG, FL

Zip

33743

Country

PINELLAS

4. FEI Number

59-3495235

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

Name

SULAMAN A. HEMANI

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

6757 16TH TERRACE NORTH, UNIT #387,

City

ST. PETERSBURG

FL

Zip Code

33710

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

Sulaman A. Hemani

SULAMAN A. HEMANI, PRESIDENTS/28/00

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 **PRESIDENT & CEO** ☐ Delete
NAME **SULAMAN A. HEMANI**
STREET ADDRESS **6757 16TH TERRACE N., # 387**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **SULAMAN B. HEMANI**
STREET ADDRESS **6757 16TH TERRACE N., # 387**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

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: *Sulaman A. Hemani* **SULAMAN A. HEMANI, PRESIDENT 5-28-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 384-6075

TS

06-12-2000 90041 010 -- 154.00

CR2E034 (9/99)