

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90044 013 \*\*\*150.00

**DOCUMENT # P98000009700**

**1. Entity Name**  
**ASIA AMERICAN CONSTRUCTION, INC.**

**Principal Place of Business**

**Mailing Address**

P.O. BOX 48594  
ST. PETERSBURG FL 33743

P.O. BOX 48594  
ST. PETERSBURG FL 33743

**2. Principal Place of Business**

**3. Mailing Address**

**1502, SAVANNAH AVE.,**  
Suite, Apt. #, etc.  
**TARPON SPRINGS, FL**

**P.O. BOX NO: 957,**  
Suite, Apt. #, etc.

**City & State**

**City & State**

**TARPON SPRINGS, FL**

**Zip** **34689**

**Country** **PINELLAS**

**Zip** **34688**

**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**

**HEMANI, SULAMAN-A**  
**6757 16TH TERRACE NORTH, UNIT #387**  
**ST. PETERSBURG FL 33710**

**Name** **HEMANI SULAMAN A.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**1502, SAVANNAH AVE.,**  
**TARPON SPRINGS,**  
**City** **FL** **Zip Code** **34689.**

**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. HEMANIZ, CEO** **01/26/01**

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, 2001 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** **PCEO** ☐ Delete  
**NAME** **HEMANI, SULAMAN A**  
**STREET ADDRESS** **6757 16TH TERRACE NORTH, #387**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33710**

**TITLE** **PCEO.** ☒ Change ☐ Addition  
**NAME** **HEMANI SULAMAN A**  
**STREET ADDRESS** **1502, SAVANNAH AVE.**  
**CITY-ST-ZIP** **TARPON SPRINGS, FL-34689.**

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

**TITLE** **VP.** ☒ Change ☐ Addition  
**NAME** **HEMANI SULAMAN B.**  
**STREET ADDRESS** **1502, SAVANNAH AVE.**  
**CITY-ST-ZIP** **TARPON SPRINGS, FL-34689.**

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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. HEMANIZ** **01/26/01** **727-939-1745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)