## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Feb 08, 2001 8:00 am DOCUMENT # P98000033695 **Secretary of State** ADVANCED STRUCTURAL ENGINEERING, INC. 02-08-2001 90162 043 \*\*\*150.00 Principal Place of Business Mailing Address 1035 S. SEMORAN BLVD. 3025 MIT ST SUITE 1021B ORLANDO FL 32817 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 1265 S. Semoran Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE St # 1201 City & State City & State Applied For 4. FEI Number 59-3504504 Winter Park Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent XIE, MINSHENG Street Address (P.O. Box Number is Not Acceptable) 9349 TETTER RUN ORLANDO FL 32817 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE 1265 S. Semoran Blvd. Stc. 1201 NAME XIE, MINSHENG NAME STREET ADDRESS STREET ADDRESS 1035 S. SEMORAN BLVD. Winter Park, FL 32792 CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32792 TITLE ☐ Delete TITLE NAME HAKIMIAN, JAMSHID NAME STREET ADDRESS STREET ADDRESS 3025 MIT ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS 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

ING OFFICER OR DIRECTOR