

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90136 011 ***158.75

DOCUMENT # P98000033695

1. Entity Name
ADVANCED STRUCTURAL ENGINEERING, INC.



Principal Place of Business
**1265 S. SEMORAN BLVD.
#1201
WINTER PARK FL 32792**

Mailing Address
**3025 MIT ST
ORLANDO FL 32817
US**

2. Principal Place of Business

3. Mailing Address

3757 CHARLESTON LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO FL

Zip

Country

Zip

32765

Country

US

4. FEI Number

59-3504504

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XIE, MINSHENG
9349 TETTER RUN
ORLANDO FL 32817**

Name

XIE, MINSHENG

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

1265 S. SEMORAN BLVD. STE 1201

City

WINTER PARK

FL

Zip Code

32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **XIE, MINSHENG**
STREET ADDRESS **1265 S. SEMORAN BLVD. STE. 1201**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **P** ☒ Delete
NAME **HAKIMIAN, JAMSHID**
STREET ADDRESS **3025 MIT ST**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☒ Change ☐ Addition
NAME **HAKIMIAN, JAMSHID**
STREET ADDRESS **3757 CHARLESTON LOOP**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamshid Hakimian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

Date

407-677-5836

Daytime Phone #

CR2E034 (10/02)