

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042694

1. Entity Name

ASIA INVESTMENT ALLIANCE INC.

Principal Place of Business

7712 HIDDEN IVY CT
ORLANDO FL 32819

Mailing Address

7712 HIDDEN IVY CT
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KIANG, PAUL
5650 BAYSIDE DR #300
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name KIANG, PAUL

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

7712 HIDDEN IVY CT

City ORLANDO

FL

Zip Code 32819

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

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

TITLE P
NAME KIANG, PAUL ☒ Delete
STREET ADDRESS 5650 BAYSIDE DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE VP
NAME HSUEH, MARIA ☐ Delete
STREET ADDRESS 7712 HIDDEN WAY
CITY-ST-ZIP ORLANDO FL 32819

TITLE T
NAME KIANG, SUE ☒ Delete
STREET ADDRESS 5650 BAYSIDE DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE KIANG PAUL ☒ Change ☐ Addition
NAME
STREET ADDRESS 7712 HIDDEN IVY CT
CITY-ST-ZIP ORLANDO FL 32819

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90001 037 ***150.00

817964



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)