2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800045287  1. Entity Name ASIAMERICA CORPORATION							S SIVI	2T-2001 90 HM ECRETAF SIGN OF	Noted 4528 RY OF S CORPOT	TATE VATIONS	•
Principal Place of Business 4904 DUNMORE LN KISSIMMEE FL 34746 US		Mailing Address 4904 DUNMORE LN KISSIMMEE FL 34746 US				0	,	I OCT I			
2. Principal Place of Business -		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	59-3513	608	N	polied For of Applicable	,
Zip	Country	Zip Col		ntry		Certificate of		<u> </u>	\$8.75 Add	ditional ed	
b. Nan	gistered Agent	Name	7.	Name and Ad	dress of Ne	w Registered	Agent		4		
LI, JUNHUA 4904 DUNMORE LN KISSIMMEE FL 34746			٦		dress (P.O.	(P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	le	_
8. The above named en	tity submits this statement for ti	he purpose of changing its re	egister	ed office or r	egistered ag	gent, or both,	in the State of	Florida.			
SIGNATURE	ed or printed name of registered agent and	tide if applicable. (NOTE:	Registere	d Agent signatura	required when o	re nstating)		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 Sta			0.00	T .	on Campaign Fund Contribu		\$5.0 Added	O May Be to Fees	
une P	OFFICERS AND DI		12.		AC	ODITIONS/CH	IANGES TO C	OFFICERS AND			] [
NAME LI, JUNISTREET ADDRESS 4904 DL	fua Inmore Ln Ree Fl 34746	☐ Dalate			Li.) 490:	Xizozi 4 Dun Immet	hou more	Lane 3474	□ Change	Addition	CR2E034 (10/00)
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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:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Degree Proper											



October 15, 2001

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O.Box 6327 Tallahassee, FL 32314-6327

## Dear Officer:

Please reinstate my application for Asiamerica Corporation and waive the Reinstate fee because I did file the report and paid the fee in \$150.00 in March 19, 2001 - check No. 1018.

I have spoke to your officer today. She mentions that was a letter mail back to me need for correction. Unforturely I have never received that letter. Actually while I received the second notice, I was wondering and call your office to find out why. Someone answer me said that my paper was fine just disregard the notice.

Thank you for assist this matter and result this problem for me. I am looking forward to hearing from you soon.

Li, Junhua Asiamerica