

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90055 033 \*\*\*150.00

**DOCUMENT #** P98000107294

**1. Entity Name** ASIAN MONEY TRANSFER, INC.

**Principal Place of Business**  
 12708 NW 13 MANOR  
 CORAL SPRINGS FL  
 33071

**Mailing Address**  
 12708 NW 13 MANOR  
 CORAL SPRINGS FL  
 33071

**2. Principal Place of Business**  
 1750 UNIVERSITY DRIVE  
 Suite, Apt. #, etc.  
 # 204

**3. Mailing Address**  
 1750 UNIVERSITY DRIVE  
 Suite, Apt. #, etc.  
 #204

**City & State**  
 CORAL SPRINGS FL  
**Zip**  
 33071

**City & State**  
 CORAL SPRINGS FL  
**Zip**  
 33071

**4. FEI Number**  
 65-0885614

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0027418

## 6. Name and Address of Current Registered Agent

ASHRAF NAVIWALA  
 1523 EAST COMMERCIAL BLVD  
 FT. LAUDERDALE, FL 33334

## 7. Name and Address of New Registered Agent

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
 1750 UNIVERSITY DRIVE #204  
**City** CORAL SPRINGS **FL** **Zip Code** 33071

**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** *ASHRAF NAVIWALA*

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

(NOTE: Registered Agent signature required when reinstating)

02-29-00

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P/D	ASHRAF NAVIWALA	12708 NW 13TH MANOR	CORAL SPRINGS FL 33071	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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, unchanged, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *ASHRAF NAVIWALA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-00

Date

Check the Page #