

2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90052-003-\$550.00-\$550.00

DOCUMENT # P99000063993

1. Entity Name

ASIAN EXPORT, INC.

FILED

00 OCT -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00106393

Principal Place of Business

C/O ROLAND SANCHEZ-MEDINA, JR., ESQ.
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131

Mailing Address

C/O ROLAND SANCHEZ-MEDINA, JR., ESQ.
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131

2. Principal Place of Business

1172 S. Dixie Hwy.

Suite, Apt. #, etc.

PMB 533

City & State

Coral Gables, Florida

Zip

33146

Country

USA

3. Mailing Address

1172 S. Dixie Hwy.

Suite, Apt. #, etc.

PMB 533

City & State

Coral Gables, Florida

Zip

33146

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, ROLAND JR. ESQ
MCDERMOTT, WILL & EMERY
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	PROSIDENT HENRY CHEN
STREET ADDRESS	1172 South Dixie Highway PMB 533
CITY-ST-ZIP	Coral Gables Fl. 33146-2948
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

305 665 4838

Date

Daytime Phone

CR02034 (5/00)