

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087052

1. Entity Name

ONLINE ASIA INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90230 021 ***150.00

Principal Place of Business Mailing Address
 7533 MUTINY AVENUE 7533 MUTINY AVENUE
 N BAU VILLAGE FL 33141 N BAU VILLAGE FL 33141-4332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0954440 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SUAREZ, FABIAN A
 7533 MUTINY AVENUE
 N BAU VILLAGE FL 33141

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 \$150.00
After MAY 1, 2000 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 SUAREZ, FABIAN A
 STREET ADDRESS 7533 MUTINY AVENUE
 CITY-ST-ZIP N BAU VILLAGE FL 33141
 TITLE V
 NAME SUAREZ, ALEJANDRO
 STREET ADDRESS 1801 S TREASURE DR #227
 CITY-ST-ZIP N BAY VILLAGE FL 33141
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 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 an officer like empowered.

SIGNATURE: *[Signature]* 04/24/2000 305-865-1711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-R2E034 (9/99)