2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 11, 2001 8:00 am Secretary of State **DOCUMENT # S01166** U.S. ASIA REALTY COMPANY 05-11-2001 90055 029 ***150.00 Principal Place of Business Mailing Address 1150 SEVENTEENTH ST., NW 1150 SEVENTEENTH STREET SUITE 303 ISTE 303 WASHINGTON DC 20036 WASHINGTON DC 20036-4623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3037567 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEFELER, HENRY Street Address (P.O. Box Number is Not Acceptable) TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Addition Delete TITLE LAWLESS, RICHARD NAME NAME 1150 17TH STREET NW #303 STREET ADDRESS STREET ADDRESS WASHINGTON DC 20036 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LITTLEFAIR, JOANNE NAME NAME STREET ADDRESS 1150 17TH STREET NW #303 STREET ADDRESS CITY-ST-7IP WASHINGTON DC 20036 CITY-ST-ZIP DP Change Addition ☐ Delete TITLE TITLE SHAHEEN, THERESE NAME NAME 1150 17TH STREET NW #303 STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20036** CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 importance 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 ag thall other like empowered