

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # S01166**

1. Entity Name  
**U.S. ASIA REALTY COMPANY**



03-17-2003 90659 023 \*\*\*150.00

Principal Place of Business  
**1150 SEVENTEENTH STREET  
STE 303  
WASHINGTON DC 20036-4623**

Mailing Address  
**1150 SEVENTEENTH ST., NW  
SUITE 303  
WASHINGTON DC 20036**



2. Principal Place of Business  
**13 SERPENTINE CT.**

3. Mailing Address  
**P.O. BOX 1290**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SILVER SPRING, MD**

City & State  
**BURTONSVILLE, MD**

4. FEI Number **59-3037567**

Applied For  
Not Applicable

Zip **20904**

Country **USA**

Zip **20866**

Country **USA**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BEFELER, HENRY  
TWO ALHAMBRA PLAZA  
PENTHOUSE II  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT LAWLESS, RICHARD 1150 17TH STREET NW #303 WASHINGTON DC 20036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR RICHARD LAWLESS P.O. BOX 1290 BURTONSVILLE, MD 20866</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LITTLEFAIR, JOANNE 1150 17TH STREET NW #303 WASHINGTON DC 20036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, SECRETARY JOANNE LITTLEFAIR P.O. BOX 1290 BURTONSVILLE, MD 20866</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SHAHEEN, THERESE 1150 17TH STREET NW #303 WASHINGTON DC 20036</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**2/28/03 202-835-1735**  
Date Daytime Phone #

CR2E034 (10/02)