

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000003895

1. Entity Name
SVI AMERICA CORPORATION

Principal Place of Business 15800 JOHN J DELANEY DR., STE 250 CHARLOTTE NC 28277	Mailing Address 15800 JOHN J DELANEY DR., STE 250 CHARLOTTE NC 28277
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
13-3634929

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL 323012525
 US

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 _____ DATE **04/06/2001**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D	<input type="checkbox"/> Delete
NAME FLORES LUCILA	
STREET ADDRESS 8215 SW TUALATIN-SHERWOOD RD, STE 200	
CITY-ST-ZIP TUALATIN OR	
TITLE V	<input type="checkbox"/> Delete
NAME QUIZON RENATO	
STREET ADDRESS 6/F JMT CORPORATE CONDOMINIUM ADB AVE	
CITY-ST-ZIP PASIG, METRO MANILA	
TITLE S	<input type="checkbox"/> Delete
NAME REYES JOSE F	
STREET ADDRESS 6/F JMT CORPORATE CONDOMINIUM ADB AVE	
CITY-ST-ZIP PASIG, METRO MANILA	
TITLE C	<input type="checkbox"/> Delete
NAME GUANIO GIL	
STREET ADDRESS 6/F JMT CORPORATE CONDOMINIUM ADB AVE	
CITY-ST-ZIP PASIG, METRO MANILA	
TITLE VD	<input type="checkbox"/> Delete
NAME SICAM RAMON	
STREET ADDRESS 15800 JOHN J DELANEY DR., STE 250	
CITY-ST-ZIP CHARLOTTE NC	
TITLE PD	<input type="checkbox"/> Delete
NAME JESUS DANILO D	
STREET ADDRESS 15800 JOHN J DELANEY DR., STE 250	
CITY-ST-ZIP CHARLOTTE NC	

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	
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	

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 all other like empowered.

SIGNATURE: Ramon Sicam VP Date **04/06/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)