

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90313 014 ***150.00

0618538

DOCUMENT # P93000019734

1. Entity Name
NAMIAN CORP.

Principal Place of Business
**C/O 1149 S.W. 27TH AVE.
 SUITE 305
 MIAMI FL 33135-4700
 US**

Mailing Address
**C/O 1149 S.W. 27TH AVE.
 SUITE 305
 MIAMI FL 33135-4700
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0414266**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HEVIA, JORGE JR
 2050 CORAL WAY
 SUITE 509
 MIAMI FL 33135**

Name **MELO, William M.**

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

3018 N.W. 79th Avenue

City **MIAMI** **FL 33122**

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 *William M. Melo*

3-5-2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **VERAS, PEDRO M**
 STREET ADDRESS **3018 N.W. 79TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** Delete
 NAME **SCHWERY, ROLAND**
 STREET ADDRESS **3018 N.W. 79TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VT** Change Addition
 NAME **MURMANN, Christian**
 STREET ADDRESS **3018 N.W. 79th AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** Delete
 NAME **PREVIDOLI, MADELEINE**
 STREET ADDRESS **3018 N.W. 79TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 *Christian Murrmann* **VP** **Miami, 03.05.01** **305.477.2723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTIAN MURMANN

CR2E034 (10/00)