

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90116 016 ***150.00

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000001839

1. Entity Name
 PARSEC INTERNATIONAL HOLDINGS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 Brickell Ave Suite, Apt. #, etc. Suite 3000 City & State Miami, Florida Zip 33131		3. Mailing Address 701 Brickell Ave Suite, Apt. #, etc. Suite 3000 City & State Miami, Florida Zip 33131	
Country	Country	Country	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0468808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name INTRASTATE REGISTERED AGENT CORP	
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave., Suite 3000	
City Miami	Zip Code FL 33131

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Stormann, Detlef F 701 Brickell Ave. Suite 3000 Miami, FL 33131
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Fable*

04-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)