

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90203 041 ***150.00

DOCUMENT # P99000057480

1. Entity Name
ABRIC NORTH AMERICA, INC.

Principal Place of Business 1300 SANDGRASS CORP PKWY SUITE 310 SUNRISE FL 33323	Mailing Address 1300 SANDGRASS CORP PKWY SUITE 310 SUNRISE FL 33323
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2. Principal Place of Business 1580 Sawgrass Corp pkwy Suite, Apt. #, etc. Ste 310 Sunrise FL 33323	3. Mailing Address 1580 Sawgrass Corporate pkwy Suite, Apt. #, etc. Ste 310 Sunrise FL 33323
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0930332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 1300 SANDGRASS CORP PKWY SUITE 310 SUNRISE FL 33323	7. Name and Address of New Registered Agent <table border="1"> <tr> <td>Name CJ Maurer</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 1580 Sawgrass Corporate pkwy Ste 310 Sunrise FL 33323</td> </tr> </table>	Name CJ Maurer	Street Address (P.O. Box Number is Not Acceptable) 1580 Sawgrass Corporate pkwy Ste 310 Sunrise FL 33323
Name CJ Maurer			
Street Address (P.O. Box Number is Not Acceptable) 1580 Sawgrass Corporate pkwy Ste 310 Sunrise FL 33323			

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: **CJ Maurer** **4/18/02**
Signature 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONG, ENG-LOCK ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOONG, CHEE-KEONG ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKAVICH, MICHAEL 550 STONE MORSE DRIVE FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUONG, DURNEK 1300 SAWGRASS CORP PKWY SUITE 310 SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: **CJ Maurer** **4/18/02 954 838 8065**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)