

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90114 032 \*\*\*150.00

**DOCUMENT # S11000**

1. Entity Name

**ALYSAB, INC.**

Principal Place of Business

Mailing Address

**BOX N 4837  
 NASSAU, BAHAMAS -7000**

**C/O BDPB  
 ONE S.E. THIRD AVENUE, 15TH FLOOR  
 MIAMI FL 33131-1700  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0226777**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANT, BARRY  
 C/O BDPB  
 ONE S.E. THIRD AVENUE 15TH FLR  
 MIAMI FL 33131**

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

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, 2000 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	<b>DPTS</b>	<input type="checkbox"/> Delete
NAME	<b>LOURDIN, YVES</b>	
STREET ADDRESS	<b>CHARLOTTE HSE. SHIRLEY ST</b>	
CITY-ST-ZIP	<b>NASSAU BAHAMAS</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>LOURDIN, MATTY</b>	
STREET ADDRESS	<b>CHARLOTTE HOUSE CHARLOTTE ST.</b>	
CITY-ST-ZIP	<b>NASSAU BA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRANT, BARRY</b>	
STREET ADDRESS	<b>C/O BDPB 1 SE THIRD AVE 15TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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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:** *Yves Lourdin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

March 23, 2000 (242) 326-3905  
 Date Daytime Phone #

CR2E034 (9/99)