## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2002 8:00 am Secretary of State **DOCUMENT #** F00000004032 1. Entity Name CASLAN INTERNATIONAL INVESTMENTS, LTD. 05-02-2002 90106 004 \*\*\*150.00 Principal Place of Business Mailing Address 6175 NW 153RD STREET 6175 NW 153RD STREET STE #312 STE #312 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1040985 Zip Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent-Fee Required 7. Name and Address of New Registered Agent EVANS, SHELDON Street Address (P.O. Box Number is Not Acceptable) 6175 N.W. 153RD STREET #312 MIAMI LAKES FL 33014 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME MICHAN, JACOBO ☐ Addition STREET ADDRESS AEBI-1221 BRICKELL AVE, 8TH FL STREET ADDRESS CITY-ST-ZIF MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITI-E ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P

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 changed, or on an attachment with an express with all other like empowered.

CITY-ST-ZIP

SIGNATURE