

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006957

1. Entity Name

DREASON (BVI) CO LIMITED

Principal Place of Business

PO BOX 3140 ROAD TOWN
TORTOLA, BRITISH VI

Mailing Address

PO BOX 3140 ROAD TOWN
TORTOLA, BRITISH VI

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

As above

Suite, Apt. #, etc.

As above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

GONZALEZ, MARITZA
2050 N. BAY RD.
MIAMI BEACH FL 33139

Name

MARITZA WILLIAMS

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

7601 SW 35TH TERRACE

City

MIAMI, FLA

FL

Zip Code

33155

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WILLIAMS, COLIN V
BACARDI ON THE ROCKS, 28 KNAPTON ESTATES
SMITHS, BERMUDA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRIZAN, ROSELYN F
PO BOX 3140, ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLA ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 31, 2002

441 293 1732



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)