

AMENDED

2002 UNIFORM BUSINESS REPORT (UBR)

09-03-2002 90166 038 \*\*\*61.25  
F00000006957

DOCUMENT # F00000006957

1. Entity Name

DREASON (BVI) CO LIMITED

02 SEP -9 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 3140 ROAD TOWN  
TORTOLA, BRITISH VI

PO BOX 3140 ROAD TOWN  
TORTOLA, BRITISH VI

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 GONZALEZ - WILLIAMS

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

7801 SW 35<sup>th</sup> TERRACE

City

MIAMI

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

TITLE NAME CD  
WILLIAMS, COLIN V ☒ Change ☐ Addition  
STREET ADDRESS 1 DUNMORE ISLAND, OLD FORT BAY  
CITY-ST-ZIP NEW PROVIDENCE CB 13806 BAHAMAS

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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 (DIRECTOR)

August 29, 2002 (242 422 0842)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)