

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90010 050 \*\*\*558.75

**DOCUMENT # F93000003217**

1. Entity Name  
**AUSTRAL INC.**

Principal Place of Business  
**NATIONS BANK TOWER**  
**1 FINANCIAL PLACE, SUITE 140**  
**FT. LAUDERDALE FL 33394**

Mailing Address  
**NATIONS BANK TOWER**  
**1 FINANCIAL PLACE, SUITE 140**  
**FT. LAUDERDALE FL 33394**

00074301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3395235**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**UNITED CORPORATE SERVICES INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156-0000**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☒ Delete  
 NAME **LEACH, SANDRA**  
 STREET ADDRESS **12 MONTEPELIER PLACE**  
 CITY-ST-ZIP **LONDON SW7**

TITLE **P/S** ☒ Change ☒ Addition  
 NAME **JAMES BAKER**  
 STREET ADDRESS **91841 AIRPORT BLVD #1402**  
 CITY-ST-ZIP **LOS ANGELES, CA 90045**

TITLE **V** ☒ Delete  
 NAME **CHAPMAN, ANDREW**  
 STREET ADDRESS **5 SPRINGFIELD TURNBRIDGE WELLS**  
 CITY-ST-ZIP **KENT TN2 3NY**

TITLE **ELIZABETH L. COPPING** ☒ Change ☒ Addition  
 NAME **ELIZABETH L. COPPING**  
 STREET ADDRESS **#3 SANTA CRUZ, 56-60 SANTA CRUZ BLVD.**  
 CITY-ST-ZIP **CLEAR ISLAND WATERS QLD 4226 AUSTRALIA**

TITLE **S** ☒ Delete  
 NAME **WISE, AARON N**  
 STREET ADDRESS **C/O SILLERWILK 747 3RD AVE**  
 CITY-ST-ZIP **NEW YORK NY 10017-2803**

TITLE **VP** ☒ Change ☒ Addition  
 NAME **SHARON ATKINSON**  
 STREET ADDRESS **SIRAZA ST #616**  
 CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **V** ☒ Delete  
 NAME **JONES, JANE**  
 STREET ADDRESS **39 HENLEAZE PARK DR**  
 CITY-ST-ZIP **BRISTOL BS9 4LL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)