2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # F9700003464 1. Entity Name AMANCAY LIMITED COMPANY 01-26-2001 90107 039 ***150.00 Principal Place of Business Mailing Address 20 METRO CENTRE 20 METRO CENTRE **BRITANNIA WAY BRITANNIA WAY** 609261 LONDON NW 10 7 PA LONDON NW 10 7 PA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired - . . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WONG, EUGENE Street Address (P.O. Box Number is Not Acceptable) 4691 N. UNIVERSITY DR. **CORAL SPRINGS FL 33067** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ___FILE.NOW!!!.FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE STEINHAUER, JORGE NAME NAME 86 LADBROKE GROVE, LONDON W11 2HE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLAND** ☐ Addition ☐ Change ☐ Delete TITLE TITLE HYLAND, SANDY NAME NAME 20 METRO CENTRE, BRITANNIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON NW10 7PA ENGLAND ☐ Addition ☐ Delete Change TITLE NAME BATALLA, JOSE NAME STREET ADDRESS 22 MYRTLE ROAD, ACTON, LONDON W3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLAND** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS 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.