

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F99000000084**

1. Entity Name  
**WARREN INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**303 E. 51ST ST 303 E. 51ST ST**  
**NEW YORK NY 10022 NEW YORK NY 10022**

**FILED**  
**02 MAR 29 AM 9:04**  
**SECRETARY OF STATE**

2. Principal Place of Business 3. Mailing Address  
**219 Royal Poinciana Way 219 Royal Poinciana way**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 10 Suite 10**

City & State City & State  
**Palm Beach FL Palm Beach FL**  
Zip Country Zip Country  
**33480 USA 33480 USA**

DO NOT WRITE IN THIS SPACE  
**08/07/01 90809 03215a**  
4. FEI Number **13-2946010** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VALDES-FAUJ CORPORATE SERVICES, INC.**  
**777 S. FLAGLER DRIVE, SUITE 500E**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
Name **ANA I BLANCHARD CFO**  
Street Address (P.O. Box Number is Not Acceptable)  
**219 Royal Poinciana Way Suite 10**  
City **Palm Beach** FL Zip Code **33480**

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 **X Ana I Blanchard, CFO** DATE **3/25/02**  
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 Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	<b>CPST</b>	<input type="checkbox"/> Delete
NAME	<b>WARREN, ROBERT M</b>	
STREET ADDRESS	<b>303 E. 51ST ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINSTATEMENT 01-02</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANA I BLANCHARD</b>	
STREET ADDRESS	<b>219 Royal Poinciana Way Suite 10</b>	
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	<b>PHONE 561-832-1852</b>
TITLE	<b>500005432265</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 authority like empowered.

SIGNATURE: **Eugene F. Talerico, CFO** DATE **7/31/01** **212-752-7064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT M. WARREN, PRESIDENT**

CR2E034 (10/00)