

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90196 001 ***150.00

DOCUMENT # G41838

1. Entity Name
AMECA-FINANCING, INC.

Principal Place of Business POST OFFICE BOX 129 COCOA FL 32923-0129 3761 FLY PARK DRIVE ROCKLEDGE, FL 32955	Mailing Address POST OFFICE BOX 129 COCOA FL 32923-0129 3761 FLY PARK DRIVE ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3761 FLY PARK DR.	3. Mailing Address C/O DR. BALZ FEINER	4. FEI Number 59-2412326	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3761 FLY PARK DRIVE		
City & State ROCKLEDGE, FL	City & State ROCKLEDGE, FL 32955	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 32955	Country BREVARD	Zip	Country

6. Name and Address of Current Registered Agent FEINER, BALZ 1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name C/O DR. BALZ FEINER Street Address (P.O. Box Number is Not Acceptable) 3761 FLY PARK DRIVE City ROCKLEDGE FL Zip Code 32955
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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 _____ (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLUESSEL, WALTER FLUH SCHENKON/LU, SWITZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLUESSEL, HEDI FLUH SCHENKON/LU, SWITZ. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINER, BALZ 1850 TIMBERS WEST BLVD. ROCKLEDGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** 4-23-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)