

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90008 009 \*\*\*150.00

**DOCUMENT # G58539**

1. Entity Name  
**AUSTRAL INTERNATIONAL CO.**

Principal Place of Business  
**3310 NW S. RIVER DR.  
 MIAMI FL 33142**

Mailing Address  
**3310 NW S. RIVER DR.  
 MIAMI FL 33142**



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 **59-2502389**

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

**SAUMELL, BERTHA  
 200 N.W. S. RIVER DR.  
 MIAMI FL 33126**

Name **ANA LOURDES RODRIGUEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20 SW 66 AVE**  
 City **MIAMI,** FL Zip Code **33144**

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 *Ana Lourdes Rodriguez* **ANA LOURDES RODRIGUEZ** **4-25-02**  
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 \$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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ANA LOURDES</b>	
STREET ADDRESS	<b>20 SW 66TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ERNESTO</b>	
STREET ADDRESS	<b>20 SW 66TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SAUMELL, BERTHA</b>	
STREET ADDRESS	<b>200 NW 67TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE *Ana Lourdes Rodriguez* **ANA LOURDES RODRIGUEZ** **4-25-02** **305-633-0732**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)