

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0040826

DOCUMENT # L02000008204

1. Entity Name

CONTINENTAL FINANCE ASIA LTD. CO.

Lyonel Nurock



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

360 S. SHORE DR.
SARASOTA FL 34234

Mailing Address

360 S. SHORE DR.
SARASOTA FL 34234

2. Principal Place of Business

SWITZERLAND

3. Mailing Address

SAR. Bertrand

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GENEVA SWITZERLAND

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

1206 SWITZERLAND

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 S. SHORE DR.
SARASOTA FL 34234

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

200017848572
05/01/03--01084--017 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: HENRI HERRMANN ☐ Delete
NAME: DIRECTOR
STREET ADDRESS: 1 PLACE PORTE DE FRANCE
CITY-ST-ZIP: FRANCE 74100 GAILLARD

TITLE: DIRECTOR ☐ Delete
NAME: MOHAMED CAJOUN
STREET ADDRESS: 11 RUE DU LEHAN
CITY-ST-ZIP: FRANCE 74100 ANNEHASSE

TITLE: SECRETARY ☐ Delete
NAME: LYONEL NUROCK
STREET ADDRESS: SAR. Bertrand
CITY-ST-ZIP: 1206 GENEVA - CH.

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

L Nurock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)