

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 030 ***150.00

DOCUMENT # M 70324

1. Entity Name

BUZAN CENTRES & USA INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Gentry Bldg

3. Mailing Address

The Gentry Bldg

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St 108 - 260 US 1

St 108 - 860 US 1

City & State

City & State

NPB FL

NPB FL

Zip

Country

33408 USA

33408

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0027613

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HILLEY, V. DONALD

Street Address (P.O. Box Number is Not Acceptable)

St 108 - 860 US 1

City

NPB

FL

Zip Code

33408

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P.D.
NORTH VANOA
223 ATLANTIC AVE
PB FL 33480

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BUZAN, TONY
HARLEY FORD ESTATE
MARLOW, BUCKS, SL72DX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 April 2003

Date

561 8810188

Daytime Phone #

CR2E034B (12/02)