

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000004**

1. Entity Name

CENTRAL AND SOUTH AMERICAN WORLD SECTOR, INC.**FILED****Mar 29, 2002 8:00 am**
Secretary of State

03-29-2002 90797 041 ****70.00

Principal Place of Business

Mailing Address

**18842 TELLER AVE
IRVINE CA 92612
US****18842 TELLER AVE
IRVINE CA 92612
US**

2. Principal Place of Business

10 Goodyear

3. Mailing Address

10 Goodyear

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Irvine, CA

City & State

Irvine, CA

4. FEI Number

65-0639976

Applied For

Not Applicable

Zip

92618

Country

US

Zip

92618

Country

US5. 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

**BOYLES, WILLIAM A
301 EAST PINE STREET
SUITE 1400
ORLANDO FL 32801**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DE ANDA, JAIME L PH.D.**
STREET ADDRESS **18842 TELLER AVE**
CITY-ST-ZIP **IRVINE CA 92612**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10 Goodyear**
CITY-ST-ZIP **Irvine, CA 92618**TITLE **SD** ☐ Delete
NAME **MENENDEZ, MIRIAM E**
STREET ADDRESS **14750 NW 77TH CT., STE. 125**
CITY-ST-ZIP **MIAMI LAKES FL 33016**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14750 NW 77th Ct, Ste 310**
CITY-ST-ZIP **Miami Lakes, FL 33016**TITLE **D** ☐ Delete
NAME **PORTER, BARBARA**
STREET ADDRESS **18842 TELLER AVE**
CITY-ST-ZIP **IRVINE CA 92604**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10 Goodyear**
CITY-ST-ZIP **Irvine, CA 92618**TITLE **DT** ☐ Delete
NAME **ROWE, WOODY**
STREET ADDRESS **617 BRADLEY COURT, STE A**
CITY-ST-ZIP **KECHI KS 67067**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7038 Mooreland Ct**
CITY-ST-ZIP **Brentwood, TN 37027**TITLE **AS** ☐ Delete
NAME **HASLER, JAMES A**
STREET ADDRESS **18842 TELLER AVE**
CITY-ST-ZIP **IRVINE CA 92612**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10 Goodyear**
CITY-ST-ZIP **Irvine, CA 92618**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****James A. Hasler****3/8/2002****(949)457-0808**

Date

Daytime Phone #

CR2E037 (9/01)