2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 AM
Secretary of State

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Entity Name: AMAR INTERNATIONAL, INC.

Current Principal Place of Business:

9318 E. COLONIAL DRIVE
WINTER SPRINGS, FL 32817 US

New Principal Place of Business:

9318 E. COLONIAL DRIVE
ORLANDO, FL 32817 US

Current Mailing Address:

P.O. BOX 195367
WINTER SPRINGS, FL 32719

New Mailing Address:

P.O. BOX 608523
ORLANDO, FL 32860

FEI Number: 52-2139232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALACIO, CARLOS E
5015 CLARCONA OCOEE ROAD
ORLANDO, FL 32810

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PALACIO, CARLOS E
Address: 5015 CLARCONA OCOEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: DS ( ) Delete
Name: PALACIO, JAQUELINE
Address: 5015 CLARCONA OCOEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: URREGO, CONSUELO
Address: 1608 MIAMI ROAD
City-St-Zip: ORLANDO, FL 32825

Title: DT ( ) Delete
Name: PALACIO, JUAN R
Address: 1608 MIAMI ROAD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E. PALACIO DP 03/13/2002
Electronic Signature of Signing Officer or Director Date