

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90267 008 \*\*\*150.00

**DOCUMENT # P00000108459**

1. Entity Name

**AMERICAN SOUVENIR & ARTS OF COSTA RICA, INC.**

Principal Place of Business

2700 RIVERSIDE DR. #303-B  
 CORAL SPRINGS FL 33065

Mailing Address

2700 RIVERSIDE DR. #303-B  
 CORAL SPRINGS FL 33065

2. Principal Place of Business

506 S DIXIE HWY

Suite, Apt. #, etc.

W

3. Mailing Address

506 S DIXIE HWY

Suite, Apt. #, etc.

W

City & State

POMPANO BEACH-FL

City & State

POMPANO BEACH FL

Zip

33060

Country

USA

Zip

33060

Country

USA

4. FEI Number

94-3382108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VILLOBOS, MARVIN LEON  
 2700 RIVERSIDE DR, #303-B  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name  
 VILLOBOS, MARVIN-LEON

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

506 S DIXIE HWY # W

City

POMPANO BEACH

FL

Zip Code

33060

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

05/01/01

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, 2001 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

TITLE ☐ Delete  
 NAME PT  
 STREET ADDRESS VILLOBOS, MARVIN LEON  
 CITY-ST-ZIP 2700 RIVERSIDE DR, #303-B  
 CORAL SPRINGS FL 33065

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

05/01/01

Daytime Phone #

(954) 943.9267

CR2E034 (10/00)