2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100017522 1. Entity Name SOHO USA INTERNATIONAL CORP.						Apr 07, 2 Secreta 04-07-2002 9				
Principal Place of Business Mailing Address										
ORLANDO FL 32819 7061 GRAND NATIONAL DR STE 105-J 7061 GRAND NATIONAL DR STE 1 7061 GRAND NATIONAL DR STE 1				05-J		,		-		
Principal Place of Business 3. Mailing Address							1) 40 161 40 601 4601	41 18 DEL BISLE IS	1818 HAN 1881	
1314 Johns Cove Lane 1314 Johns Cov Suite, Apt. #, etc.				DO NOT WRITE			E IN THIS SP	IN THIS SPACE		
City & State	y & State City & State Oakland, FL				4	. FEI Number 59-3698983		_ 	olied For Applicable	
34787	Country USA	Zip 34787		Country USA 5. Certificate of Status f				8.75 Addi se Required		
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent							
WASHBURN, KENNETH R				Fumie Nishiura Street Address (P.O. Box Number is Not Acceptable)						
7061 GRAND NATIONAL DR STE 105-J ORLANDO FL 32819				1314 Johns Cove Lane						
	•			City O	aklan	ıd	FL	Zip Code 3478	87	
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 X June 15 June 3/26/2002 Signature, yield or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After May 1, 2002 Fee Make Check Payable to I				will be \$55	50.00	10. Election Campaign Fin Trust Fund Contributio			May Be to Fees	
11.	OFFICERS AND E		12.			ADDITIONS/CHANGES TO OFF				
TITLE NAME	D Washburn, Kenneth R	XX Delete	TITLE		P, D	e Nishiura	1	Change '	Addition	
STREET ADDRESS CITY-ST-ZIP	7061 GRAND NATIONAL DR STE 105-J			ET ADDRESS - ST-ZIP	1314	Johns Cove La				
TITLE	And Address of the Andress of the An	☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP	****			-ST-ZIP				~~ o	- Address	
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. TITLE NAME		☐ Delete	NAM				ı	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			- 11	ET ADDRESS - ST-ZIP		· .				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: X Tumo Nishma 3/26/2002										
		INTED NAME OF SIGNING OFFICER O	OR DIRECT	TOR		Date		time Phone #		