

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

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 020 \*\*\*150.00

DOCUMENT #

PO1000039574. ✓

1. Entity Name

Financial logics International Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

533 One Center Blvd

Suite, Apt. #, etc.

204

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

3. Mailing Address

533 One Center Blvd

Suite, Apt. #, etc.

204

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

AARON ATIA

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

533 One Center Blvd

Suite 204

City

Altamonte Springs FL

Zip Code

32701

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

March 31 2002

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
DR AARON ATIA  
533 One Center Blvd #204,  
Altamonte Springs FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
DR AARON ATIA  
533 One Center Blvd #204  
Altamonte Springs, FL 32701

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 1 2002 321 2282498

CR2E034B (12/01)